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Profiles on Home Care/Home Support Programs

Health and Welfare Canada
Santé et Bien-être social Canada

Canada

PROFILES ON HOME CARE/HOME SUPPORT PROGRAMS

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PREFACE

The Extended Health Care Services (EHCS) Program began April 1, 1977 and is authorized under section 27 of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. The Program allows the federal government to make contributions to the provinces and territories to develop and fund such health services as nursing home intermediate care, adult residential care, home care (health aspects) and ambulatory care services.

The cash transfer made under the EHCS Program by the federal government is calculated on a fiscal year basis and is in the form of an equal per capita cash contribution, which in 1977-78, the first year of operation, was $20 per capita. Annual rates of escalation, based on the rate of growth in the GNP, have increased the per capita contribution to $29.75 for the year 1981-82, amounting to a total contribution of approximately $720 million.

The only condition of payment of the EHCS Program contribution is that the provinces and territories provide the Minister of National Health and Welfare with such health services information as is reasonably required by Canada for its international obligations, for the planning and achieving of national standards and for mutually useful exchanges of information between the federal government and the governments of the provinces and territories.

Accordingly, the federal government has been gathering information on the different programs planned and implemented by the provinces and territories in the four categories of extended health care services previously mentioned. This information has been organized into individual program profiles which highlight selected aspects of each program. The specific areas highlighted in these profiles are: date program was initiated; authorizing body; objectives; scope of services; eligibility criteria; utilization; client user fees; sources of funding for the program; annual budget; and out-of-province benefits. To date, program profiles have been developed in the areas of home care/support and nursing home home intermediate care services. Work is continuing to complete similar profiles for adult residential care and ambulatory care services. Updates of all profiles will be undertaken on a regular basis given the many changes which occur in most programs.

In addition to the profiles, other information has been collected and maintained on the EHCS Program, such as: listing of contact persons for each relevant provincial program; a compendium of legislation; policies, standards and guidelines; classifications of care currently used by the provinces and territories; definitions of frequently used terms; a list of organizations directly or indirectly involved with extended health care services; and a list of other information systems. Enquiries may be directed either to the appropriate provincial official named in the contact list, or to:

Information Officer,
Extended Health Care Services Program,
Health Insurance Division,
Department of National Health and Welfare,
OTTAWA, Ontario.
K1A 1B4

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PROVINCIAL PROGRAMS

B R I T I S H C O L U M B I A

LONG-TERM CARE PROGRAM

Date It Came Into Effect: January 1, 1978

Authorizing Body: Ministry of Health

Objectives: The Long-Term Care Program (1978) is designed to meet the individual needs of those who, because of health related problems, are unable to live independently. Its aim is to promote the highest level of independence possible for those assessed as being in need of this care, and to provide, where and when indicated, the support necessary to allow the beneficiaries to live as normal an existance in their own community as their infirmities permit.

The long-term care provided by the Program will be readily accessible to all who have need for its services, and will, where possible, be provided in the beneficiary's own community. These services will include a home support service, and, where necessary and available, institutional care in an approved community care facility licensed to provide personal or intermediate levels of care; or, the beneficiary of the Program may be admitted to an extended-care hospital.

Scope of Services: The range of services provided includes the assessment of individual's social needs and care requirements, homemaker/handyman services, meal service, adult day care centres, geriatric assessment and treatment centres, respite care (short-term admission to intermediate, extended and hospice facilities), and residential care from personal care level to extended care.

Also available to beneficiaries are the services delivered through the Home Care Program, and Dental Program.

At present 22 Adult Day Centres are being funded with an additional 10 being considered for approval.

Three geriatric assessment and treatment centres are in operation, located in acute care facilities but funded from the Long-Term Care budget. There is a proposal to extend this program to more centres, possibly 10.

Eligibility: The Long-Term Care Program is available to any resident of British Columbia who, because of health-related problems, is unable to cope and function independently. All ages are included from young adults to the elderly; in some circumstances children are included.

The person must be:

- a Canadian citizen or landed immigrant and
- have lived in British Columbia for the 12 months immediately before applying.

Some exceptions in cases of special hardship may be allowed. All requests for assistance will be dealt with individually.

Note: Entitlement to Extended Care Hospitals continues to have a 3-month residency requirement in British Columbia.

Utilization: (Long-Term Care Facilities)

	1979	1980
New assessments	19 683	18 700
Residents already in Facilities	15 247	15 968

Fees:* a) For care in community care facilities - Everybody pays the same basic amount of $10.50/day as of July 1, 1981, and pays it to the facility. This charge entitles the person to standard accommodation and to the quality of care that the Community Care Facilities Licencing Board (Ministry of Health) expects the facility to provide every person. Charges for room differentials range from $3. to $9. No hidden charges can be made for what should be provided.

b) There is no charge for homemaker services when the family's (individual's) monthly income falls below certain levels. The formula used to assess monthly incomes takes into consideration such factors as:
- the number of people over age 65 in the family
- the number of handicapped people in the family
- the earnings of some family members.

c) Home Care Category I - Non-Hospital Replacement, clients receive professional nursing/health care and most equipment free of charge, but are responsible for the cost of purchased services such as homemaker services, meals-on-wheels, etc. Home Care Category II - Hospital Replacement clients receive all professional nursing/health care as well as purchased services free of charge.

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* for detailed fee information consult the individual Profiles

Funding:

Administration		5%
Payment to service providers		95%
Of the 95%:	Residential facilities	70.2%
	Homemaker Services	26%
	Adult Day Care Centres	1.75%
	Assessment and Treatment Centres	2%

Total Budget:

1979/80	$134 000 000
1980/81	$170 000 000
1981/82	$212 000 000

Out-of-Province Benefits: None

B R I T I S H C O L U M B I A

LONG-TERM CARE PROGRAM: HOME CARE PROGRAM

Date It Came Into Effect:
Non-Hospital Replacement Program - 1940
Hospital Replacement Program - 1971

Authorizing Body: Ministry of Health

Objectives: The main objectives of the Program are:

a) to provide comprehensive health care services to ill or handicapped persons whose physical, social and emotional needs can be met safely and adequately in a home environment;
b) to provide preventive, therapeutic, rehabilitative and supportive health services to a client;
c) to coordinate the multiple services being provided to the client;
d) to encourage personal and family involvement in the planning and provision of care for the client;
e) to help maintain and support the family unit and family relationships;
f) to reduce the length of acute hospital stay through early discharge to Home Care;
g) to prevent unnecessary admission of people to acute hospitals or other facilities, e.g., terminal patients.

Scope of Services:

1) Non-Hospital Replacement: For those people who require at least one professional service e.g. nursing, physiotherapy, etc., in addition to physician care and who may also require other services e.g. homemaker, equipment, etc.

2) Hospital Replacement: People who are discharged early from an acute hospital to the Home Care Program or are placed on Home Care in lieu of acute care hospitalization will receive all services required at no cost to themselves, e.g. nursing, physiotherapy, medication, supplies, home-makers, etc. The majority of these patients are acutely ill, require at least one professional service, e.g. nursing or physiotherapy, and may require extensive frequent services over a short period of time.

Eligibility: People are selected for admission on the basis of an individual assessment by the Home Care Administrator or his/her staff. Criteria used are as follows:

- referral by physician;
- person lives within the area served by the program;
- person must require at least one professional service other than medical e.g. nursing, physiotherapy, occupational therapy;
- person and his/her family must be willing to accept the services of the Program;
- person's needs can be adequately and safely met through Home Care Program services;
- home is suitable for Home Care;
- family or home situation is such that safe client care can be maintained between visits of the Home Care team;
- cost of care on an extended basis must not be greater than that in a "Personal Care Home";
- for Category II (Hospital Replacement) - for admission the person must be replacing "acute hospital days" and his/her stay in the category will approximate the "hospital days replaced".

Utilization:

	1978-79	1979-80	1980-81
New Admissions	29 328	30 520	44 567(10 months)
Re-admissions	19 816	21 318	not available
TOTAL	49 144	51 918	not available

Fees: Financial responsibility for the administration and operation of official agency Home Care Program is assumed by Care Services, Ministry of Health.

Category I - Non-Hospital Replacement clients receive professional nursing care, physiotherapy (where available) and most equipment free of charge from the health District Home Care staff, however the cost of homemaker service, drugs, meals-on-wheels or other purchased services is their responsibility. A third party i.e. Pharmacare, the Ministry of Human Resources, the Long Term Care Program, etc., may assume the costs of these additional services for persons eligible for their assistance.

Category II - Hospital Replacement clients receive all care and services required at no cost to themselves. These costs are all paid by Care Services (except physician services which are covered under the B.C. Medical Plan).

All services required by clients in either category are arranged for and coordinated by the Home Care Administrator and are delivered by the same staff or agency regardless of financial responsibility.

Funding: The Ministry of Health funds the Program 100%.

Total Budget:

1979/80	$ 9,255,121.00
1980/81	$11,127,394.00

Out-of-Province Benefits: None

B R I T I S H C O L U M B I A

LONG-TERM CARE PROGRAM: HOMEMAKER SERVICES PROGRAM

Date It Came Into Effect: January 1, 1978

Authorizing Body: Ministry of Health

Objectives: Reverse the trend of institutionalization of those who have need of some assistance due to health-related problems.

Scope of Services: The range of service provided by this Program includes housekeeping, assistance with activities of daily living and handyman services. Cleaning, laundry, nutrition, assistance with grooming and shopping tasks are performed by homemakers, while routine home maintenance tasks such as lawn cutting, snow clearing and minor repairs are carried out by the handyman.

Eligibility: The Program is available to any resident of British Columbia who meets the following criteria:

- is a Canadian citizen or landed immigrant;
- was a resident of British Columbia for the twelve-month period immediately prior to applying for services;
- is unable to cope or function independently because of health-related problems.

Utilization: The average amount of care received by a client per day is 4 hours. The number of people receiving Homemaker service is:

1978-79	13 000
1979-80	18 000
1980-81	23 000

Fees: There is no charge for service to the client who is over 65 years of age and in receipt of GAIN/GIS* or to the client who has a monthly income less than:

- $475 for one-person family unit
- $695 for two-person family unit
- $810 for three-person family unit

Calculations of monthly incomes also takes into consideration such factors as the number of people over 65, the number of disabled people in the family and the earnings of some family members.

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* Guaranteed Available Income for Need (GAIN) and the Guaranteed Income Supplement (GIS).

When the family income exceeds the allowed income level the individual or family must pay a portion of the actual daily cost up to the actual total daily cost of the services.

Funding Sources by Percentages:

Long-Term Care - 90.1% of total Homemaker Budget
Home Care (Hospital Replacement)-
1% of total Homemaker Budget
Ministry of Human Resources -
8.9% of total Homemaker Budget

Total Budget: Long-Term Care Program: Homemaker Services

1979-80	$29 000 000
1980-81	$36 250 000

Out-of-Province Benefits: None

A L B E R T A

COORDINATED HOME CARE PROGRAM (CHCP)

Date It Came Into Effect: July 1, 1978

Authorizing Body: Department of Social Services and Community Health

Objectives: The objectives reflect the entire Coordinated Home Care Program, and can be achieved only through the combined efforts of the staff of Local Health Authorities and the staff of the Home Care Directorate. These objectives are long-term and not time-limited.

The main objectives of the Program are:

a) to co-ordinate the provision of home care services to persons meeting the admission criteria, particularly the elderly and adult handicapped, in order to:
   i) improve, maintain, or retard deterioration of health status and level of independence,
   ii) reduce admissions to health care institutions,
   iii) facilitate early discharge of people in health care facilities thereby reducing their length of stay;

b) to develop, maintain and upgrade standards of care so that home care services are provided in an efficient, effective and humane manner;

c) to make available throughout the province all the services listed in the Home Care Regulation, Section 2(3) and (4) so as to better meet the needs of potential home care recipients;

d) to increase the capacity of families and other social networks to provide care for persons in need;

e) to promote co-operation among health and social services agencies in the community so that:
   i) services for home care recipients and referrals by the Home Care Program to other agencies are efficient, effective, and timely, and
   ii) community services are not unnecessarily duplicated;

f) to involve volunteers in the provision of home care services;

g) to advise decision-makers on program changes needed to better meet needs of client groups;

h) to determine the extent to which CHCP objectives are being met.

Scope of Services: The program provides a variety of health treatment and support services to people in their own homes who are in need of these services for medical reasons.

A home care program shall include:

- home nursing services;
- homemaker or homehelp services.

A home care program may include:

- physiotherapy, speech therapy, occupational therapy, respiratory therapy, dressings, drugs, biologicals or other related preparations, or the use of certain medical equipment;
- handyman services, meals-on-wheels, or transportation services.

Eligibility: Persons must require a "medical" service such as home nursing, physiotherapy, occupational therapy, respiratory therapy, or speech therapy to be eligible for admission to the Home Care Program. In addition, the person and his/her family must want the service to be provided in their home. The home must be an appropriate setting, so that care can be given in a safe and effective manner. In order to prevent duplication of services it is also important to assess whether the person seeking admission is mobile enough to obtain treatment at an out-patient department, through a day hospital program or at his/her physician's office. Persons receiving home care must also be residents of Alberta, and have a Health Care Insurance number. The last criterion for eligibility is that the person be under the care of a physician who corroborates the need for a medical service. All treatments being provided by the Home Care Program are under the direction of the individual's personal physician.

If people are assessed as needing the support services but not a "medical" service, they are not eligible for admission to the Home Care Program. They would then be referred by the local Home Care Coordinator to another source for the type of assistance needed.

Utilization:

	1978	1979	1980
New admissions	1 980	7 140	8 517
Readmissions	478	1 795	1 836
TOTAL	2 458	8 935	10 353

Fees: All persons who are admitted to the Coordinated Home Care Program will receive services free of charge during the first two weeks. This feature is intended to provide an incentive for patients discharged early from hospital to utilize the program. After the first two weeks on the Program, each person will be charged a portion of the cost of the support services he/she receives. The amount charged to the person will be determined according to a provincial fee schedule which is based on the family level of income and number of dependants. Charges will range from $00. monthly to a maximum of $180. monthly (as of August 1, 1980). The maximum is set at a level which can be equated to the costs the person would incur if he were staying in a nursing home. It is expected that very few individuals using home care services will be paying monthly amounts at or close to the maximum, if current assumptions on family income prove accurate. Nursing and other health services will be provided free of charge from the time a person receives home care services.

Funding: The Alberta Department of Social Services and Community Health funds approximately 98.2% of the Program, with the remaining 1.8% recovered from clients.

Total Budget: The Alberta Coordinated Home Care Program is in an implementation phase until the end of the 1981-82 fiscal year. This is reflected in the budgets during this period:

1979/80	$ 7 152 819
1980/81	$10 708 125

Out-of-Province Benefits: None

S A S K A T C H E W A N

HOME CARE PROGRAM

Date It Came Into Effect: 1978

Authorizing Body: Department of Social Services

Objectives: To protect the dignity and independence of the handicapped and senior citizens and assist them in remaining in their own communities among their family and friends.

Scope of Services: Every district home care board* must see to it that nursing, homemaking, meals and home maintenance are available throughout its district. Once these primary services have been made available throughout the district, boards can also add approved optional services, within the limits of the funding available.

Eligibility: The service is for Saskatchewan residents who are covered under the Saskatchewan Health Services Plan, regardless of age, and who would otherwise, at some point, have to go into a care-providing institution such as a hospital or special-care home; or who need home care so they can be discharged from a hospital or special-care home. The person does not necessarily need a physician referral or a 'health care' service to qualify for the program. Eligibility is based on an assessed inability to perform an activity required to remain at home, along with a lack of family resources to provide the needed assistance.

The program will assist persons to remain at home as long as possible. In particular, it will work to reduce the need for readmission to care-providing institutions. There is no limit on the length of time for which eligible persons can receive service.

Utilization:

	1979-80	estimate 1980-81
Total admissions to all all programs (may include duplicate client counts)	7 711	not available at this time

* Planning and operation of the program is the responsibility of 45 locally-chosen district home care boards organized across the province.

Fees: Boards are responsible for collecting the client fees for home care services. There is no charge for nursing. For the 1980-81 fiscal year, all clients will be charged a portion of the costs of other services utilized, up to $60.00 worth of service a month.

Persons who receive more than $60.00 worth of service in a month may be charged the full cost of this additional service. Pensioners, however, who receive Saskatchewan Income Plan payments (Senior Citizens' Benefits Program) pay no more than $30.00 a month for home care. Other recipients who need more than $60.00 worth of service a month may also be eligible for a full or partial subsidy towards the remaining cost of service depending on their personal income and the amount of service they receive.

Funding: Each of the district Home Care Boards fund their Program from three sources:

a) the Department of Social Services gives to each Board an annual administration grant of $25,000 as well as a public information grant of $2,500. In addition, each Board receives a per capita grant based on the most recent Saskatchewan Hospital Services plan population figures for the district. The current per capita amount is $12.30.

b) each Board charges the client a fee for services received in order to help meet future service costs.

c) each district Home Care Board is encouraged to raise money through community fund-raising projects. This money is used by the Boards to add to the services offered by their Program.

Total Budget:

1979/80	$ 6 364 250
1980/81	$10 295 220

Out-of-Province Benefits: None

M A N I T O B A

HOME CARE PROGRAM

Date Program Came Into Effect: Introduced in September 1974.

Authorizing Body: Department of Health is responsible for planning, standards and resource allocation.

Department of Community Services and Corrections is responsible for service delivery and budget.

Objectives: (summarized) To develop and provide services in the home setting as a viable form of care in its own right in order to prevent premature, expensive placement or over-stay in care facilities (including hospitals) and to relieve excess stress on family members or other persons providing care.

Scope of Services: Any one or a mix of the following services may be assessed to be needed to help the person stay at home:

a) household maintenance;
b) health care;
c) personal care;
d) family relief;
e) supplies and equipment;
f) volunteer services;
g) home or institutional respite care;
h) adult day care;
i) therapy services.

Services which can realistically be performed by the person or by family members living in the same community are not provided. Services provided are the minimum service required to meet the need and to support the independant functioning of the person.

Eligibility: Children, young adults, middle-aged adults and aging adults who are at risk of having to be hospitalized or placed in a nursing home or other care facility.

Eligibility is based on a medical, health and social functioning assessment of care needs to determine if home care is the most appropriate form of care. There are no residency requirements. Request for service may come from any source in the community.

Utilization:

	1978/79	1979/80	estimate 1980/81
New admissions	5 964	6 300	6 385
Readmissions	1 673	2 030	2 298
TOTAL	7 637	8 330	8 683

1980 - average number receiving service in a month 9,594
- total number receiving service in a year 16,971

Fees: There is no charge for services placed by the Home Care Program. The person receiving delivered meals is expected to pay the charge made by the agency providing the meals. The person or family is also expected to provide the food for any meal prepared in the home and any supplies/ equipment needed which are normally available in a home - e.g., house-cleaning/laundry supplies.

The cost of services provided in the home cannot exceed what the cost would be for the person's care in a personal care home or other institution except for acute periods, terminal care or while the person is awaiting placement into a care facility.

Funding: The Program is funded almost entirely by the Province of Manitoba from tax dollars.

Although there is some cost-sharing of service cost for those on Social Allowance, the funds from this cost-sharing constitute less than 1% of the annual cost.

Total Budget: (in 000's of dollars)

1979/80	$ 8 464.9 for home care services
1980/81	$11 500.0 for home care services

Out-of-Province Benefits: None

ONTARIO

HOME CARE PROGRAM/ACUTE CARE[1]

Date Program Came Into Effect: Pilot projects were established in 1958. The program in its present form is authorized by the Health Insurance Act of 1972.

Authorizing Body: Ministry of Health

Objectives: The two main objectives of the Program are:

a) the provision of care in the home where this location is appropriate and is in the best interest of the person's well-being, and

b) the avoidance or reduction of costs of care by eliminating the need for admission to a hospital or other institution or by reducing the length of hospital stay through earlier discharge to the Home Care Program.

Scope of Services: The Program provides a wide variety of medical and support services in the home, such as:

- physiotherapy, occupational therapy and speech therapy;
- visiting nursing services;
- drugs, dressings and medical supplies;
- diagnostic and laboratory services;
- hospital and sickroom equipment;
- nutrition counselling;
- social work services;
- visiting homemakers' services (up to a maximum equivalent of 10 eight-hour day units);
- meals-on-wheels;
- transportation (to and from the home to a health facility or the attending physician's office).

It is intended that the program will encourage families to take a greater responsibility for the health care of their members by participating as much as is reasonable in the day-to-day care of the client in the home with the assistance and instruction of the special services personnel who are providing the prescribed services.

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1 Amalgamation of the Acute and Chronic Care components of the Home Care Program is currently planned for sometime in 1982, following the provision of province-wide coverage of Chronic Home Care Services. This will likely affect the scope of services which will be provided.

Eligibility: This program is available to any person insured under the Ontario Health Insurance Plan (OHIP) and who meets the following criteria:

- the person is under the medical supervision of an attending physician;
- the person's medical condition is such that he/she can be treated adequately at home with services available through the Home Care Program;
- the person's needs cannot be met on an outpatient basis;
- the person is in need of at least one of the professional services such as nursing, physiotherapy, occupational therapy, and speech therapy (homemaking does not qualify in the category of a professional service);
- the home is suitable to enable the required care to be given;
- the person's family is willing and able to participate in the program where and when required;
- the person resides in an area designated as being covered by the Home Care Program;
- the person's professional treatment is reasonably expected to result in his/her progress toward established goals for rehabilitation. When progress is no longer apparent, the person is transfered to an alternate and appropriate mode of care.

The decision to place any particular person in a program of Home Care is based upon a consensus view of the staff of the Program and the attending physician that such a move is in the best interest of the patient.

In addition physiotherapy, occupational therapy and speech therapy may be provided to an OHIP insured person who:

- is a resident in a nursing home but is not receiving chronic care services;
- is a resident in a home for the aged;
- is a resident in a charitable institution.

Utilization:

	1978/79	1979/80	estimate 1980/81
Acute Care admissions	66 413	71 746	79 694

See also the Profile on Chronic Care for the admissions to the other component of the Home Care Program.

Fees: All costs are paid as a benefit under OHIP.

Funding: The Program is 100% funded by the Ministry of Health.

Total Budget: (in 000's of dollars) This includes the Chronic Care component of the Home Care Program.

1979/80	$36 333.0
1980/81	$49 286.8

Out-of-Province Benefits: None

ONTARIO

HOME CARE PROGRAM/CHRONIC CARE[1]

Date Program Came Into Effect: Pilot programs were started October 1, 1975.

Authorizing Body: Ministry of Health

Objectives: The two main objectives of the Program are:

a) the provision of care in the home where this location is appropriate and is in the best interest of the person's well-being, and

b) the avoidance or reduction of costs of care by eliminating the need for admission to a hospital or other institution or by reducing the length of hospital stay through earlier discharge to the Home Care Program.

Scope of Services: The program provides a wide variety of medical and support services in the home, such as:

- physiotherapy, occupational therapy and speech therapy;
- visiting nursing services;
- drugs, dressings and medical supplies;
- diagnostic and laboratory services;
- hospital and sickroom equipment;
- nutrition couselling;
- social work services;
- transportation (to and from the home to a health facility or the attending physician's office).
- meals-on-wheels;
- homemaker services (an 80-hour maximum in the first month of care, and a 40-hour maximum in the second month and each subsequent month of care).
- Homemaker services includes services as at present provided by homemakers in the Acute Care component of the Home Care Program.

It is intended that the Program will encourage families to take a greater responsibility for the health care of their members by participating as much as is reasonable in the day-to-day care of the client in the home with the assistance and instruction of the special services personnel who are providing the prescribed services.

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1 Amalgamation of the Acute and Chronic Care components of the Home Care Program is currently planned for sometime in 1982, following the provision of province-wide coverage of Chronic Home Care services. This will likely affect the scope of services which will be provided.

Eligibility: This program is available to any patient insured under the Ontario Health Insurance Plan (OHIP)and who meets the following criteria:

- the person is under the medical supervision of an attending physician;
- the person's medical condition is such that he/she can be treated adequately at home with the services available through the Home Care Program;
- the person's needs cannot be met on an out-patient basis;
- the person is in need of at least one of the professional services such as nursing, physiotherapy, occupational therapy, and speech therapy (homemaking services do not qualify in the category of a professional service);
- the home is suitable to enable the required care to be given;
- the person's family and/or other appropriate persons are willing and able to participate in the program where and when required;
- the person resides in an area designated as being covered by the Home Care Program;
- the person's professional treatment is reasonably expected to result in:
  a) his/her progress toward established goals in rehabilitation, or
  b) delay or prevention of deterioration in the person's medical condition, or
  c) delay or prevention of transfer to a higher (institutional) mode of care.

In addition, physiotherapy, occupational therapy and speech therapy may be provided to an OHIP insured person who:

- is a resident in a nursing home but is not receiving chronic care services;
- is a resident in a home for the aged;
- is a resident in a charitable institution.

Utilization:

	1978/79	1979/80	estimate 1980/81
Chronic Care Admissions	3 888	6 790	9 890

See also the Profile on Acute Care for the admissions to the other component of the Home Care Program.

Fees: All costs are paid as a benefit under OHIP.

Funding: The Program is 100% funded by the Ministry of Health.

Total Budget: (in 000's of dollars) This includes the Acute Care component of the Home Care Program.

1979/80	$36 333.0
1980/81	$49 286.8

Out-of-Province Benefits: None

ONTARIO

HOME SUPPORT PROGRAM FOR THE ELDERLY

Date Program Came Into Effect: August, 1979

Authorizing Body: Ministry of Community and Social Services

Objectives: Support services can provide a continuum of care/services relative to needs and choices of services; to encourage through these services a maximum degree of independence appropriate to their circumstances and conditions.

Scope of Services: Support services are provided to maintain elderly people in the community.

The primary services delivered are:

- meals-on-wheels;
- wheels-to-meals or diners clubs/congregate dining;
- friendly visitors;
- security checks for the Home bound;
- home help (minor repairs, cleaning, odd jobs, seasonal help);
- telephone reassurance;
- counselling and referral as they relate to Home Support;
- homemaking (N.B. - these are not services funded under the Nurses and Home-makers Services Act);
- day care for seniors (not drop-in centres);
- transportation;
- other personal services.

Volunteers and agency staffs are involved primarily in delivery, e.g., volunteers are usually involved in meal provision services to deliver the meal, or transport the person to the meal, homes, hospitals and other community groups are involved in provision of meals.

Type of agencies offering services:

- programs emanating from homes for the aged, e.g., day care, churches;
- cultural groups, neighbourhood clubs;
- organizations - Red Cross, St. Elizabeth Nurses, Legions, etc.

Eligibility: There are no residence qualifications. A person must be over 65 years of age to qualify for the service.

Utilization:
1979/80 - 97 agencies
1980/81 - 157 agencies

Fees: An income test guideline is provided to agencies. User fees are encouraged but are not mandatory.

Funding: The Ministry of Community and Social Services funds up to 50% of gross cost of the Program. User fees, donations, municipal and corporate and federal programs provide the rest.

Total Budget:

current fiscal year	1980/81	$2 547 968
past fiscal year	1979/80	$1 349 714

Out of Province Benefits: None

ONTARIO

VISITING HOMEMAKERS AND NURSES SERVICES

Date Program Came Into Effect: Not available

Authorizing Body: Ministry of Community and Social Services

Objectives: Visiting homemakers and nurses services can provide needed help at home in times of crisis, and when people have chronic problems.

Scope of Services: Homemakers and nurses services are provided. Homemakers can assume responsibility for the management of a household and personal care services for children, for the ill, the elderly and the handicapped. They may prepare meals, shop, do light laundry and cleaning or provide personal care services such as dressing and help with personal hygiene. They may also provide simple bedside care under the direction of a physician or visiting nurse. These services may be provided daily or periodically as required. Some homemakers are trained to teach home management, to help parents improve housekeeping and child care skills. They may provide instruction in budgeting, meal planning, mending and other normal household tasks.

Visiting nurses are qualified nurses registered under the Nurses Act. They provide medical care in a patient's home so that elderly, handicapped or convalescent persons can remain there, rather than go to a hospital, nursing home or other institution.

Eligibility: There are no residence qualifications. A person must, however, live in the municipality where he or she applies for the service. An applicant need not have lived in Ontario for any specific length of time. The services are available to children, the ill, the elderly and the handicapped. A doctor must certify that the services of a nurse are necessary to enable a patient to stay at home or to return home from hospital. The nurse can make as many visits as the physician requests, to provide special medical care.

Utilization:

1978/79 - Homemakers 1 416 109 hours of services
- Nurses 1 134 996 nurses/visits

1979/80 - Homemakers 1 563 578 hours of services
- Nurses 133 418 nurses/visits

1980/81 - not available as yet

Fees: Clients who can pay for visiting homemakers or nurses services are expected to do so, otherwise, all or part of the cost may be paid by the Social Services Department of a local municipality or Indian Band. The Ministry of Community and Social Services reimburses the municipalities and Indian Bands 80 per cent of this cost.

A person in need or likely to be in need is someone who has an income that is less than the amount the municipality considers necessary to meet their needs. In deciding whether someone is eligible for financial assistance, a municipality will take into account income, less monthly expenses, including the cost of homemakers and nurses services. Assets such as savings, stocks and bonds are taken into consideration.

Funding:

Nurses - Nil
Homemakers - 50% of total cost

Total Budget:

1979/80 - $6 246 706
1980/81 - $7 249 358

Out of Province Benefits: None

Q U E B E C

HOME CARE PROGRAM

Date It Came Into Effect: January 1980

Authorizing Body: The Department of Social Affairs assigns responsibility to the Regional Health and Social Service Councils (les Conseils régionaux de la santé et des services sociaux) for the organization of home care, identification of dispensing agencies and co-ordination of services in their respective areas.

When dispensing agencies are being identified, the Regional Councils must give precedence to the CLSC's (Local Community Service Centres/Centres locaux de services communautaires) if there is such a centre in the area to be served. These Centres will assume the direct responsibility for delivery of home care services of a general nature and will call upon the other types of Social Affairs facilities for services requiring specific technologies or specially trained staff.

If there is no CLSC, the Councils are to delegate responsibility for delivery of home care of a general nature to another public facility in the Social Affairs, network, or to another organization outside that network but non-profit in nature. In such cases, it is suggested that priority be given to those organizations and facilites already providing home care services to the people of their area.

Objectives: The home-care services policy has several objectives. The following are the principle objectives:

- to maintain within their natural setting individuals suffering from a handicap, loss of autonomy, social isolation or family difficulties;
- to improve the social and material conditions of the person in his family setting;
- to encourage the process of rehabilitation and social re-adaptation, particularly of the handicapped;
- to encourage the optimum use of resources at a more specialized level, such as the hospital centre and the residential centre.

We are, therefore, working within a perspective in which home care represents for certain groups of the elderly, the disabled and certain families, an essential condition for an acceptable quality of life. These services must therefore, be provided to them on an ongoing and complete basis.

The fourth objective, on the other hand, is aimed at a modification in the use of more specialized resources in the social and health services network.

Based on these objectives, more operational objectives must be formulated with respect to each of the clienteles. They may represent indicators of needs and expected results for organizations distributing services.

Scope of Services: By home care we mean the body of activities intended to provide the recipient in his home with moral and medical support that is liable to compensate for a lack of autonomy, to prevent or remedy a crisis situation, to avoid or shorten a stay in an institution. Home care goes beyond the traditional concept that medical and nursing care required at home are merely an extension of hospital treatment. Here they are considered a mode of intervention that allows persons in need, children and adults, an assistance that takes into consideration their ability and their desire to remain in their usual surroundings. This intervention can be either preventive or palliative. It must make an effort to meet the moral as well as the material and medical needs. Home care must be focussed on the needs of the elderly, the disabled, and the chronically ill. It must be accessible to serve, on an equal basis, patients coming from short-term and long-term care hospitals. It must also be there to assist families in a crisis situation having need of home help.

Eligibility: With the exception of families experiencing crisis situations, home care is addressed to persons who, due to their physical, psychological or financial situation, are unable to meet their own personal and material needs and are incapable of getting out to receive care in a health facility.

With the exception of assessment visits, and all activities relating to contact with potential clients, the following general conditions must be met for a person to be eligible for home care:

a) the person's condition must justify the support of one or more home care services;
b) the recipient himself or with the assistance of relatives or friends must be unable to meet one or more needs which home care services provide. Among those persons with such inability to care for themselves, particular attention must be given to those who, due to insufficient financial resources, cannot obtain the required services by themselves;
c) the recipient cannot, for reasons of a physical, psychological or social nature go out after or obtain the services he/she requires;

d) the recipient must themself accept receiving the necessary services at home.

In order to determine whether these conditions are met, any application for admission to a home care program must be evaluated by a member of the health services or social services staff.

The third condition of eligibility is specificity as to which clients can be served by a home care program. Those who are maintained in the various reception centres of the Social Affairs network are not eligible for home care, nor are those in other facilities, the mandate of which is to lodge, maintain, treat, and rehabilitate their clients. This restriction does not, however, apply to persons in foster homes or residences for the elderly.

Utilization: Not available at this time.

Fees: It is the intent of the Department of Social Affairs to dispense home care services to all of the people of Quebec at no charge to them. This will considerably decrease the influence of a person's financial situation on the use of home care services and, therefore, on the meeting of their needs.

It is quite likely the elderly, the disabled and families in crisis would be most likely to be affected by home care services which were not free, due to the generally precarious nature of their financial situation.

Home care is also intended to reduce institutionalization. It would be more difficult to attain that objective if the costs incurred directly by patients in hospital centres and institutions were lower than those incurred by people on home care. The free nature of home care services will allow services to be substituted without penalty to the recipient.

In light of the limited resources, the non-paid nature of the services will be restricted to home visits, as well as equipment, supplies and medication required for the provision of these services. Costs of meals, as well as medication prescribed by a physician, will be at the user's expense, unless this is already covered by other social Affairs Programs.

Thus for the elderly, improved quality of life and security ought to lead to:

a) increased numbers of the elderly able to live at home in conditions they feel to be satisfactory;
b) decreased rate of hospital use (lower number of admissions, re-admissions, shorter stays).

Similarly, home care for the disabled is directly aimed at the following two results:

a) increased numbers of handicapped adults able to live at home in conditions they feel to be satisfactory;
b) increased rate of participation in community life (training, employment, recreation etc.).

For families in difficulty, home care may be an instrument of:

a) prevention of family breakdown;
b) prevention of placement of children in foster homes or reception centres;
c) reintegration into the family of the child who has been placed due to handicap or adjustment or difficulties.

For the ill, development of home care must have an effect on:

a) duration (or quality) of the convalescent or rehabilitation process;
b) rate of hosptial admissions and readmissions;
c) duration of stay in a facility.

Funding:
Department of Social Affairs - 100%

Total Budget: Not available at this time.

Out-of-Province Benefits: None

NEW BRUNSWICK

HOME CARE PROGRAM

Date It Came Into Effect: A pilot project for seniors started October 1, 1979 and included two towns and one city. The program expanded to take in all urban areas on July 1, 1980.

Authorizing Body: Department of Health

Objectives: The Program is designated to:

a) ensure the provision of necessary health services to seniors to allow them to retain their independence and participation in community life as long as possible;
b) establish a coordinated delivery system of services to seniors;
c) ensure the development of services as an alternative to institutional care;
d) ensure the development of a range of volunteer services, and sensitize the community to the needs of the elderly;
e) reduce the rate of or prevent institutionalization of seniors;
f) ensure the efficiency and effectiveness of providing required services to seniors.

Scope of Services: Nursing care/health supervision and guidance are the responsibility of the Department of Health. Nursing service is provided by the Public Health Nursing Service or the Victorian Order of Nurses. Physiotherapy services and nutritional counselling are available on a limited basis. Medical supplies are provided, with the exception of ostomy equipment. Sick room equipment is provided with approval of the attending physician for certain equipment.

Eligibility: The program is available to people who reside within the boundaries of the designated areas. A nursing assessment is completed by a public health nurse to determine the extent of health needs. Medical orders are required from attending family physicians for all persons accepted into the program.

Utilization:

	1979/80	estimate 1980/81
New admissions	428	3 657
Readmissions	11	95
TOTAL	439	3 752

Fees: None

Funding: The Program is 100% funded by the Department of Health.

Total Budget: (exclusive of salaries)

*1979/80	$144 000
1980/81	$557 900

* The Program started October 1, 1979.

Out-of-Province Benefits: None

N E W B R U N S W I C K

COMMUNITY SERVICES FOR SENIORS

Date It Came Into Effect: Three pilot projects commenced in October 1978.

Authorizing Body: Department of Social Services

Objectives: The Program is designated to:

a) ensure the provision of necessary health services to seniors to allow them to retain their independence and participation in community life as long as possible;
b) establish a coordinated delivery system of services to seniors;
c) ensure the development of services as an alternative to institutional care;
d) ensure the development of a range of volunteer services, and sensitize the community to the needs of the elderly;
e) reduce the rate of or prevent institutionalization of seniors;
f) ensure the efficiency and effectiveness of providing required services to seniors.

Scope of Services: The program provides a wide variety of services according to the needs of the concerned community. They include: counselling services, relief care, visiting homemaking, heavy housecleaning, meals-on-wheels, adult day care, transportation, friendly visiting, handy person and protective overnight services such as the buddy system, telephone reassurance and seniors sitting service.

Eligibility: The determination of the social services needs of each individual will be assessed by a social worker from the Department of Social Services. The program is available to people who are 65 years of age or older and who reside within the boundaries of the designated areas. No minimum residency period is required.

Utilization:	1978/79	1979/80	*1980/81
New admissions			977
Readmissions			106
TOTAL	245	2 155	1 083

*ending December 1980 in eight areas of the province.

Fees: There are flat rate participation fees which are the responsibility of the voluntary agencies to collect:

meals-on-wheels	-	$1.00/meal
day care	-	$3.00/day

Funding: Approximately 1% of the funds are received from meal and day care participation fees from the client, while the other 99% is funded by theDepartment of Social Services.

Total Budget:

1979/80	$475 000
1980/81	$900 000

Out-of-Province Benefits: None

N O V A S C O T I A

COORDINATED HOME CARE PROGRAM

Date It Came Into Effect: There is not a Home Care Program in effect at the present time, although certain home care services are delivered by various agencies in parts of the province.

There is a demonstration project proposed to begin in 1981.

Authorizing Body: Department of Health and the Department of Social Services.

Objectives: The program is designated to:

a) provide the opportunity to individuals to remain in their own home and environment by providing certain essential services;
b) provide options for the individual when unable to care for themselves.

Scope of Services: At present, general nursing care is provided by the Victorian Order of Nurses (V.O.N.) in several of the more populated areas of the province. In the remainder of the province Community Health Nurses provide certain home nursing care services.

Services such as homemaker and meals on wheels are partially funded by the Department of Social Services and provided locally by municipal, voluntary or private agencies.

Services to be provided in the demonstration projects represent a coordinated, more comprehensive program approach. They include:

- visits to the home by a nurse to perform various functions such as changing hospital dressings, giving medication etc.;
- care of children;
- meal preparation;
- light housekeeping;
- limited personal care (i.e., shampoos, bed bath);
- home aide, handyman;
- assistance accompanying person to run errands outside the home.

Eligibility: The program is designed to aid those persons who can no longer cope without assistance, to enable them to stay at home instead of being institutionalized. The Program is available to the senior population of Nova Scotia who are 60 years of age and upward and who meet the established criteria.

Utitilization: The need and demand for this program will be determined in the demonstration project.

Fees: At present nursing fees for services rendered by the V.O.N. are determined by that agency itself based on their sliding scale re ability to pay. Some areas have services provided by community health nurses; however, again the person using the service is expected to pay for it if possible.

Services provided by the Department of Social Services are paid by the client if possible. In the year 1979-80 only about 10% of the revenue for the program was generated in this manner. Most clients receive part or all of the services free through review using a 'means-test'.

Funding: To be determined in the Demonstration Project.

Department of Social Services	- Unavailable
Department of Health	- Unavailable
Client	- Unavailable

Total Budget: An estimate for the trial year 1981-82 is unavailable at this time

Out-of-Province Benefits: None

N O V A S C O T I A

HOMEMAKER SERVICES PROGRAM

Date It Came Into Effect: October 1978

Authorizing Body: Department of Social Services

Objectives: The main objectives of the Program are to provide support to a family or an individual in the following situations:

1. where elderly or mentally and/or physically disabled persons living alone or as couples need practical assistance or supportive service to maintain themselves in their own environment;
2. where disability or illness of the parent, guardian, or family member requires the assistance of a homemaker to maintain the home and keep the family unit together;
3. where family problems or crises have caused such a strain on family members that the children are in need or likely to become in need of protection, and with the support of a homemaker are able to remain safely in their own home. In this regard the role of the homemaker may be one of a teaching nature;

As well, this category includes the family who has a child/children with special needs and as a result requires respite homemaker support for the maintenance of a healthy family environment.

Scope of Services: Services provided include:

- care of children;
- meal preparation;
- light housekeeping;
- limited personal care (ie shampoos, bed bath);
- resource utility (helping client make use of other community resources);
- assistance accompanying person to run errands outside the home;
- budgeting.

Eligibility: The Program is designed to aid those persons who can no longer cope without assistance, to enable them to stay at home instead of being institutionalized. The Program is available to all residents of Nova Scotia who have a need for the service providing an agency exists in their community.

Utilization:

1979/80	1 450 clients	(30 service centres)
1980/81	1 600 clients	(33 service centres)

Fees: The Department of Social Services implements an 'income-test' using family size and income guidelines that were developed in consultation with Health and Welfare Canada. Persons that fall within these guidelines are eligible for free services. All others are expected to pay the full cost of the services.

Clients that are minimally above these guidelines and who are experiencing hardship in paying for services are usually able to negotiate an acceptable arrangement with the agency providing the services.

Funding: The Department of Social Services pays 75% or greater of the cost of services (depending upon the funding arrangement with the county in which the services are provided. The remaining portion is paid from user fees, private donations, the United Way and municipal governments.

Total Budget:

1979/80	$ 838 000
1980/81	$1 286 000
1981/82	$1 900 000

Out-of-Province Benefits: None

PRINCE EDWARD ISLAND

HOME CARE PROGRAM

Date It Came Into Effect: 1970

Authorizing Body: Department of Health and Social Services, Health Branch

Objectives: The Program is designed to:

a) coordinate and provide services and support to assist persons in meeting their health and, where appropriate social related needs in the home when this is the most appropriate place for care by utilizing both governmental and voluntary agencies;
b) make effective use of institutional beds;
c) promote and support greater personal and family responsibility for health and social care;
d) assist in planning and arranging for continuity of health care;
e) relieve excess strain on family members and, in so doing, preventing the breakdown of a desirable living arrangement and/or the health of the person or persons responsible for providing care.

Scope of Services: Services include nursing care provided by public health nurses and registered nurses. Orderlies are hired on a casual basis for male catheterization and baths. Physiotherapy, occupational therapy and speech therapy services are also available as required. These services are mainly limited to providing consultation services to the nurse. In some instances, visits may be made to the home by the health professionals involved. The nurse arranges for homemaker services with the Social Services Branch, which is responsible for this service. The Social Services Branch is also responsible for nutrition counselling. Again, the nurse can consult with the dietitian herself or can arrange for the dietitian to make a home visit to the client. Hospital equipment is available from the Red Cross on a loan basis. Dressings are provided through the Cancer Society.

Eligibility: The Home Care Program is available:

a) to any resident of Prince Edward Island provided she/he is under the care and supervision of a physician with orders signed by him. There is no minimum period of residency required;
b) when the recipient's health and/or social conditions is such that his/her needs can be met adequately and more advantageously in the home, bearing in mind economics, quality of care and resources available to the Home Care Program;

c) when both the recipient and his/her family or those responsible for him/her understand and accept the mode of delivery of service and offer full co-operation;
d) when the home can provide a suitable environment for provision of adequate care. In this context, the use of the word "home" should include various categories of non-familial residences.

A three-month renewal order is required for all long-term patients, and these are sent to the physician with a summary of the patient's progress for him/her to sign and return.

Utilization:

	1978/79	1979/80	estimate 1980/81
New admissions	400	420	*444 (to date)
Readmissions	not kept for these years		95
TOTAL	400	420	575

*Estimated year-end figure to be 480

Fees: None. The client is expected to buy necessary dressings and medical equipment although, in certain cases, these may be supplied by voluntary organizations.

Funding: The Program is 100% funded by the Department of Health and Social Services.

Total Budget: For fiscal years 1979/80 and 1980/81 the total provincial budget for nursing was approximately $1 million annually, of which one-third was used by the Home Care Program.

Out-of-Province Benefits: None

PRINCE EDWARD ISLAND

VISITING HOMEMAKER SERVICES

Date It Came Into Effect: The Program began in 1971. Prior to 1971, these services were provided by voluntary agencies.

Authorizing Body: Department of Social Services

Objectives: The Program is designed to:

a) coordinate and provide services and support to assist persons in meeting their health and, where appropriate, social related needs in the home when this is the most appropriate place for care, by utilizing both governmental and voluntary agencies;
b) make effective use of institutional beds;
c) promote and support greater personal and family responsibility for health and social care;
d) assist in planning and arranging for continuity of social care;
e) relieve excess strain on family members and, in so doing, preventing the breakdown of a desirable living arrangement and/or the health of the person or persons responsible for providing care.

Scope of Services: Services provided include meal preparation, housekeeping, laundry, transportation, accompanying person while grocery shopping, personal care, teaching mother daily routine and how to cope with budget, and nutrition counselling.

Eligibility: The services are available to any resident of the province regardless of their period of residency. Referrals from many sources i.e., court orders, social workers, public health nurses, physicians, hospital nurses, family, are made to a placement officer. There are five placement officers covering the entire province.It is their job to make a needs assessment and coordinate the services to be provided.

Utilization:

	1978/79	1979/80	estimate 1980/81
new admissions	395	555	539
readmissions	(no record - counted as new)		

Fees: For clients whose income is limited to Old Age Security there is no user charge. Fees charged relate to the client's ability to pay. The maximum fee charged is $7.00/ hour. A sliding scale based on the net monthly income of the family and the total number of people in the family is used

to reduce this charge. Families with a net monthly income of $800 or less are not charged. For families with net monthly incomes in excess of $800, the number of family members is considered, and they will either not be charged, or will be charged at a rate reduced from $7.00/hour.

Funding: Specific information not available at this time.

Total Budget:	1979/80	$591 400
	1980/81	$723 700

Out-of-Province Benefits: None

N E W F O U N D L A N D

HOME CARE PROGRAM: ST. JOHN'S*

Date It Came Into Effect: A pilot project for the St. John's area started in 1973. The Program became incorporated in 1975.

Authorizing Body: Department of Health

Objectives: The Program is designed to:

a) provide continuity of treatment and rehabititation in the home under the direction of the family or attending physician;
b) free hospital beds by preventing or shortening the hospital stay of selected people;
c) provide care in the environment of home and family which, given certain essential conditions, is particulary beneficial for selected people;
d) encourage, through teaching and supervision, families to take greater responsibility for the health care of selected people.

Scope of Services: Services provided by the Home Care Program in the St. John's area include:

1. nursing services (whenever possible they are contracted out to the Victorian Order of Nurses);
2. social work and homemaking services;
3. physiotherapy;
4. speech therapy and occupational therapy are available to clients of the St. John's Home Care Program by referral to a hospital based department;
5. all medications and medical supplies required for the treatment of the client's condition.

In addition, equipment required such as beds, wheel chairs, walkers, commodes and special small appliances are available on a loan basis from the Canadian Red Cross Society. The Home Care Program will arrange for the rental of the equipment if the Red Cross cannot assist.

Services are generally provided from Monday through Friday between 9:00 a.m. and 5:00 p.m., although essential or emergency nursing visits are provided evenings and on weekends.

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* There are 5 other regions in Newfoundland where home care services are being provided. These services are generally run by a coordinator who is based in a hospital. The services are somewhat dependent upon the resources of the region. The VON and public health nurses are often involved in providing services.

Eligibility: Any resident of the province covered by the Medicare Plan (MCP) may apply for admission into the program providing they meet the following additional conditions:

a) they must be under the medical supervision of an attending physician;
b) their medical condition must be such that it can be treated adequately at home with services available through the Home Care Program;
c) they must have needs that demonstrably cannot be met solely on an outpatient basis;
d) they must be in need of at least one of the professional services, nursing, physiotherapy or social work, in addition to the services of a physician (homemaking is not, by itself, a professional service);
e) the home situation must be judged to be adequate to enable care of the person at home;
f) their family must be willing and able to participate in the Program where and when required;
g) they must live within the geographical area served by the Home Care Program;
h) the physician must state a goal of treatment and estimate the number of days of treatment required. The treatment goal must be possible of achievement within the capacity of the services offered through the Home Care Program.

Utilization:

	1978/79	1979/80	Estimate 1980/81
New admissions	559	757	824
Readmissions	247	276	424
TOTAL	806	1 033	1 248

Fees: There are no user charges. The program is covered as a benefit under the provincial health plan.

Funding: The Program is 100% funded by the Department of Health.

Total Budget:

1979/80	$436 993
1980/81	$598 412

Out-of-Province Benefits: None

N E W F O U N D L A N D

HOMEMAKER SERVICES PROGRAM

Date It Came Into Effect: The Program began in 1975.

Authorizing Body: Department of Social Services, under the Day Care and Homemakers Services Act, 1975.

Objective: The objective of the Homemaker Services Program is to support families who require assistance and training in parenting and general household practices.

Twenty teaching homemakers are employed by the Department of Social Services on a full-time basis for this purpose, and are located geographically where services of this kind are needed acutely.

Scope of Services: Teaching homemaker services seek to:

a) demonstrate and teach accepted methods of child care, personal care, nutrition, household cleaning, and budget planning to assist families in establishing and maintaining an acceptable level of self sufficiency;

b) this may include:
   - child care supervision;
   - budgeting, shopping and meal preparation;
   - light household chores;
   - support through companionship and active listening to family members;
   - an advocacy role on behalf of the family;
   - information and referral to community services.

Social worker services provided include referral and case supervision in respect of the family receiving the service.

Eligibility: This Program is designed to assist multi-problem families in a crisis situation. Admission into the Program depends upon review of needs.

Utilization:

	1978/79	1979/80	1980/81
New admissions	147	100	157
total	210	205	254

Fees: Since admission into the Program is dependent upon the client being in receipt of either child protection service or social assistance, there are no user fees.

Funding: The Department of Social Services pays the salaries of the homemakers and social workers providing the services.

Total Budget:

1979/80	$188 000
1980/81	$234 000

Out-of-Province Benefits: None

NORTHWEST TERRITORIES

COORDINATED HOME CARE PROGRAM*

Date It Came Into Effect: Currently there are three Programs operating - Yellowknife, which has been running for several years, as well as two which started in the Spring of 1980 in Hay River and Fort Smith. It is expected that the Program as described will be expanded into additional centres in the future.

Authorizing Body: Department of Health
Department of Social Services

Objectives: The objectives of the Coordinated Home Care Program are:

- to meet appropriate health and social needs of clients in their homes;
- to facilitate more effective use of institutional beds;
- to promote greater personal and daily responsibility for health;
- to relieve undue strain on families who are trying to care for an ill person in the home;
- to provide continuity of care following client discharge from an institution;
- to provide nursing and rehabilitation services to clients in a home setting under doctor's supervision;
- to promote cooperation among community health and social service agencies so that both services for Home Care clients and referrals by the Home Care Program to other agencies are provided on a timely, efficient and effective basis.

Scope of Services: When possible (depending upon local availability), the Home Care Program will arrange for the provision of the following through existing community services:

a) Home nursing provides nursing care in the home by a registered nurse or certified nursing assistant. This service, usually organized by the local health agency, provides services such as general personal care, basic medical treatment i.e. dressing changes, and preventive services i.e. the observation and care of a new mother and baby.

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* The Coordinated Home Care Program as described generally applies to the three Programs currently operating in Yellowknife, Hay River and Fort Smith. Certain services however, are subject to local availability.

b) Homemaking services are a community service which helps maintain, strengthen and enhance individual and family life in whichever situation home support is required. Such services can be offered in the home to meet special needs. For example, a homemaker might provide household management, personal hygiene care or child care during the absence or incapacity of a parent. Both home nursing care and homemaking services may be short-term for a few days or weeks after illness or accident or ongoing for the elderly who may not be able to provide these services for themselves.

c) Professional services are those of assessment, counselling or treatment carried out by a dietitian, physiotherapist, occupational therapist, speech therapist, physician, social worker, mental health nurse, or psychiatrist.

d) Equipment loan is a service which makes equipment available to persons in their home to assist them in getting around or enable them to function more independently in their daily lives. For example, a wheelchair, crutches, or bedside equipment might be required and may be available through a local hospital, health station or a community service group. A small deposit may be required which is refunded when equipment is returned.

e) Meals-on-Wheels is a service available to people in need which provides them with a nutritious meal once a day in their home. This service may be organized by the local health or social service agency who may arrange for meals to be prepared in a home, local hospital or other facility. Meal delivery may be carried out by the sponsoring group or by volunteers in the community. There is usually a nominal fee for the Meals-on-Wheels service.

f) Neighbourhood Services such as the following are organized by the community or local Social Services Agency either on a volunteer, or where appropriate, on a fee-for-service basis:

   i) Handyman service: provides assistance with basic maintenance chores around the home.

   ii) Friendly visiting: a service often provided by volunteer groups in the community to ensure regular visitors for a specific group of people.

   iii) Errand running: a service which provides help with activities such as shopping, meeting appointments, writing and mailing letters.

iv) Transportation: a service which provides transportation, usually on a voluntary basis, to persons in the community who have no means or access to attend for example church, appointments or community gatherings. The scope of the service is determined by the volunteer group or agency who delivers it.

Eligibility: These services are available to any resident of the Northwest Territories:

- who resides within an area served by a Home Care Program;
- who holds a valid NWT Health Care card;
- whose needs can be met by a Home Care Program;
- who is willing to have the service provided in their home;
- whose home environment is suitable for the provision of service;
- who requires health services that can be provided at home for a reasonable cost.

Admission priority will be given to the elderly person who is chronically ill, or those with handicaps or general debilitation due to the aging process.

Utilization: Not available at this time.

Fees: There will be no fees associated with the health aspects of Home Care i.e. home nursing services and all other medical entry services. However, Homemaker's services will be provided and charged for by using a sliding scale, as determined by the family's monthly income. Additionally, a nominal fee will be assessed for the Meals-on-Wheels Program.

Funding: Not available at this time.

Total Budget: Not available at this time.

Out-of-Province Benefits: None

YUKON

As required, visiting homemaking and post-hospitalization care is provided by community health nurses. In addition home care is available for cancer patients.

HOME CARE/SUPPORT PROVINCIAL CONTACTS

HOME CARE/SUPPORT CONTACT LIST

BRITISH COLUMBIA

Mr. Philip Scott,
Executive Director,
Home Care/Long-Term Program,
Ministry of Health,
914 Yates Street,
VICTORIA, British Columbia.
V8V 3M4

Tel: (604) 387-1681

Mrs. Phillippa Kerr,
Manager,
Field Operations and Home
Support Services,
Home Care/Long-Term Program,
Ministry of Health,
914 Yates Street,
VICTORIA, British Columbia.
V8V 3M4

Tel: (604) 387-1681

ALBERTA

Mr. Blair Richardson,
Director, Rehabilitative Programs,
Department of Social Services
and Community Health,
Seventh Street Plaza,
South Tower, 7th Floor,
10030 - 107th Street,
EDMONTON, Alberta.
T5J 3E4

Tel: (403) 427-0689

Miss Janet Schmidt,
Director, Home Care,
Department of Social Services
and Community Health,
Seventh Street Plaza,
South Tower, 7th floor,
10030-107th Street,
EDMONTON, Alberta.
T5J 3E4

Tel: (403) 427-4610

SASKATCHEWAN

Ms. Lois J. Borden,
Director,
Home Care Branch,
Department of Social Services,
1920 Broad Street,
REGINA, Saskatchewan.
S4P 3V6

Tel: (306) 565-5010

Mr. Steven Petz,
Executive Director,
Continuing Care,
Department of Social Services,
1920 Broad Street,
REGINA, Saskatchewan,
S4P 3V6

Tel: (306) 565-5010

MANITOBA

Miss Enid Thompson,
Director,
Community Services Division,
Continuing Care Services Branch,
Department of Health,
4th Floor,
831 Portage Avenue,
WINNIPEG, Manitoba.
R3C 0N6

Tel: (204) 775-9761

Mrs. Margaret Barbour,
Program Administrator,
Continuing Care,
4th Floor,
831 Portage Avenue,
WINNIPEG, Manitoba.
R3G 0N6

Tel: (204) 775-9761

ONTARIO

Mr. Paul Donohue,
Manager,
Home Care Program,
Public Health Branch,
Ministry of Health,
5th Floor,
15 Overlea Boulevard,
TORONTO, Ontario.
M4H 1A8

Tel: (416) 965-7678

Mrs. Heather Boone,
Consultant,
Home Care Program,
Public Health Branch,
Ministry of Health,
5th Floor,
15 Overlea Boulevard,
TORONTO, Ontario.
M4H 1A8

Tel: (416) 965-7678

Mrs. Janet Rowney,
Manager, Policy Development,
Ministry of Community and
Social Services,
3rd floor, Hepburn Block,
Queen's Park,
TORONTO, Ontario.
M7A 1E9

Tel: (416) 965-9505

Mr. Dominic Alfieri,
Director,
Operational Support Branch,
Ministry of Community and
Social Services,
Room 216,
700 Bay Street,
TORONTO, Ontario.
M7A 1E9

Tel: (416) 965-4363

QUEBEC

Madame Jeanne d'Arc Vaillant
Directrice de services communautaires
Direction générale des programmes de
services sociaux
Ministère des Affaires sociales
1075, chemin Ste-Foy
QUÉBEC (Québec)
G1S 2M1

Tel: (418) 643-3058

PRINCE EDWARD ISLAND

Mrs. Margaret Leblanc,
Home Care Coordinator,
Nursing Services Division,
Health Services Branch,
Department of Health and
Social Services,
Provincial Administrative Building,
Box 3000,
CHARLOTTETOWN, Prince Edward Island.
C1A 7P1

Tel: (902) 892-5471

Mr. J. Kiley,
Director, Field Services Division,
Social Services Branch,
Department of Health and
Social Services,
Provincial Administrative Building,
Box 2000,
CHARLOTTETOWN, Prince Edward Island.
C1A 7N8

Tel: (902) 892-5421

Mrs. Judy Lougheed,
Nursing Consultant,
Division of Services to the Aging,
Social Services Branch,
Department of Health and Social Services,
P.O. Box 2000,
CHARLOTTETOWN, P.E.I.
C1A 7N8

Tel: (902) 892-5421

NEW BRUNSWICK

Miss Lorraine Bourque,
Director, Public Health Nursing,
Personal Health Services Division,
Department of Health,
P.O. Box 6000,
Centennial Building,
FREDERICTON, New Brunswick.
E3B 5H1

Tel: (506) 453-2360

Mr. Gary Bradford,
Consultant,
Community Based Services
for Seniors,
Department of Social Services,
384 King Street,
Lynch Building,
FREDERICTON, New Brunswick.
E3B 4H1

Tel: (506) 453-2040

Mrs. Barbara Pelger,
Consultant,
Community Based Services
for Seniors,
Department of Social Services,
384 King Street,
Lynch Building,
FREDERICTON, New Brunswick.
E3B 4H1

Tel: (506) 453-2040

Miss Mavis Hurley,
Administrator,
Extra-Mural Hospital Program,
Department of Health,
Victoria Health Centre,
65 Brunswick Street,
FREDERICTON, New Brunswick.
E3B 1G5

Tel: (506) 457-2256

Mrs. Mary Holland,
Program Officer,
Extra-Mural Hospital Program,
Department of Health,
65 Brunswick Street,
FREDERICTON, New Brunswick.
E3B 1G5

Tel: (506) 457-2256

NOVA SCOTIA

Mr. Stewart Brown,
Director, Homemaker Services,
Department of Social Services,
4th Floor,
Johnston Building,
P.O. Box 696,
HALIFAX, Nova Scotia.
B3J 2T7

Tel: (902) 424-4284

Mr. Steven Kenny,
Director of Administration,
Department of Health,
1690 Hollis Street,
P.O. Box 488,
HALIFAX, Nova Scotia.
B3J 2R8

Tel: (902) 424-8694

Ms. Valerie Melanson,
Assistant to the Director,
Senior Citizen's Secretariat,
Province of N.S.,
1740 Granville Avenue,
P.O. Box 2065,
HALIFAX, Nova Scotia.
B3J 2Z1

Tel: (902) 424-4737

NEWFOUNDLAND

Mr. Reginal Gabriel,
Director,
Division of Services to Senior Citizens,
Department of Social Services,
Ayre Home Hardware Building,
Pippy Place,
ST. JOHN'S, Newfoundland.
A1C 5T7

Tel: (709) 737-3553

Mrs. Vivian Hoyles,
Director,
Day Care and Homemaker Services,
Department of Social Services,
3rd Floor,
Confederation Building,
ST. JOHN'S, Newfoundland.
A1C 5T7

Tel: (709) 737-3590

Miss Marian Walsh,
Administrator,
St. John's Home Care Program,
P.O. Box 13122, Station "A",
ST. JOHN'S, Newfoundland.
A1B 4A4

Tel: (709) 753-3095 or 753-3096

Dr. Kevin Hogan,
Regional Medical Health Officer,
P.O. Box 156,
CORNERBROOK, Newfoundland.
A2H 6C7

Tel: (709) 639-9111

NORTHWEST TERRITORIES

Mrs. Elaine Berthelet,
Chief, Health Programs,
Health Programs and
Standards Branch,
Department of Health,
Government of Northwest Territories,
5th Floor, Precambrian Building,
YELLOWKNIFE, Northwest Territories.
X1A 2L9

Tel: (403) 873-7711

Miss Diane Doyle,
Coordinator,
Services to the Aged and Handicapped,
Department of Social Services,
Government of Northwest Territories,
YELLOWKNIFE, Northwest Territories.
X1A 2L9

Tel: (403) 873-7708

YUKON

Mr. Alan Davidson,
Director of Health,
Department of Health and
Human Resources,
P.O. Box 2073,
WHITEHORSE, Yukon.
Y1A 2C6

Tel: (403) 667-5202

CASH PAYMENTS TO PROVINCES

Health and Welfare Canada/Santé et Bien-être social Canada

Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977

Loi de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis

Extended Health Care Services Program
Excluding 1972 Revenue Guarantee Compensation
In Millions of Dollars

Programme des services complémentaires de santé
N'inclue pas le dédommagement de la garantie de recettes de 1972
En millions de dollars

CASH PAYMENTS TO PROVINCES/PAIEMENTS COMPTANTS AUX PROVINCES

PROVINCE	1977-78	1978-79	1979-80	1980-81	1981-82
NFLD./T.-N.	11.3	12.6	14.0	15.6	17.4
PEI./Î.P.-É.	2.4	2.7	3.0	3.3	3.7
N.S./N.-É.	16.7	18.7	20.7	23.0	25.5
N.B./N.-B.	13.7	15.4	17.2	19.1	21.1
QUE./QUÉ.	125.5	139.0	154.0	170.0	188.6
ONT./ONT.	167.1	187.2	208.2	230.9	256.6
MAN./MAN.	20.6	22.9	25.3	27.7	30.7
SASK./SASK.	18.7	21.0	23.5	26.1	29.2
ALTA./ALB.	37.9	43.3	49.3	56.0	64.3
B.C./C.-B.	49.9	56.1	62.9	71.1	80.7
N.W.T./T.N.-O.	0.9	1.0	1.1	1.2	1.3
YUKON/YUKON	0.4	0.5	0.5	0.6	0.6
TOTAL	465.1	520.4	579.7	644.6	719.7

All figures obtained from the Department of Finance
November 11, 1981

Tous les montants ont été obtenus du Ministère des Finances
11 novembre 1981

LEGISLATION

CHAPTER 10

An Act to provide for the making of certain fiscal payments and of established programs financing contributions to provinces, to provide for payments in respect of certain provincial taxes and fees, and to make consequential and related amendments

[*Assented to 31st March, 1977*]

Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

SHORT TITLE

Short title

1. This Act may be cited as the *Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977.*

Extended Health Care Services Program

Payment for extended health care services program

27. (1) In the case of a fiscal year for which an established programs cash contribution may be provided to a province, the Minister of National Health and Welfare may, subject to this Part, make payment to the province of an amount in respect of the extended health care services program, not exceeding the amount computed in accordance with this section, in respect of the province for the fiscal year.

Computation of payment

(2) The amount payable to a province for the fiscal year beginning on April 1, 1977 in respect of the extended health care services program is the amount, as determined by the Minister, equal to the product obtained by multiplying

(*a*) $20.00

by

(*b*) the population of the province for that fiscal year.

Idem

(3) The amount payable to a province for a fiscal year beginning on or after April 1, 1978 in respect of the extended health care services program is the amount, as determined by the Minister, equal to the product

Note: Users of this version are reminded that it is prepared for convenience of reference only and that, as such, it has no official sanction.

CHAPITRE 10

Loi permettant de faire certains paiements fiscaux et certaines contributions financières pour des programmes établis aux provinces, de faire des paiements au titre des taxes et des droits provinciaux, ainsi que d'apporter des modifications connexes

[*Sanctionnée le 31 mars 1977*]

Sa Majesté, sur l'avis et du consentement du Sénat et de la Chambre des communes du Canada, décrète:

TITRE ABRÉGÉ

Titre abrégé

1. La présente loi peut être citée sous le titre: *Loi de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis.*

Programme des services complémentaires de santé

Paiement

27. (1) A l'égard d'une année financière pour laquelle une fraction de la contribution relative aux programmes établis est payable à une province, le ministre de la Santé nationale et du Bien-être social peut, sous réserve de la présente Partie, lui faire, dans le cadre du programme des services complémentaires de santé, un paiement n'excédant pas le montant calculé conformément au présent article.

Calcul

(2) Le Ministre détermine le montant payable à une province, à l'égard de l'année financière commençant le 1er avril 1977, pour le programme des services complémentaires de santé et qui est égal au produit obtenu en multipliant

a) $20

par

b) le chiffre de la population de cette province pour cette année financière.

Idem

(3) Le Ministre détermine le montant payable à une province, à l'égard de toute année financière commençant le 1er avril 1978, ou après cette date, pour le programme des services complémentaires de santé et qui

Avertissement: La présente codification administrative n'a aucune valeur officielle.

obtained by multiplying

(*a*) $20.00

by

(*b*) the product obtained by multiplying the population of the province for that fiscal year by the escalator determined pursuant to subsection 22(2) for each fiscal year in the period beginning on April 1, 1978 and ending on March 31 of that fiscal year.

est égal au produit obtenu en multipliant

a) $20

par

b) le produit obtenu en multipliant le chiffre de la population de cette province par le facteur de progression déterminé conformément au paragraphe 22(2) pour chaque année financière de la période comprise entre le 1er avril 1978 et le 31 mars de cette année financière.

Payment out of C.R.F.

(4) Payment of any amount under subsection (1) or of any advance on account thereof shall be made out of the Consolidated Revenue Fund at such times and in such manner as may be prescribed.

(4) Le paiement de toute somme visée au paragraphe (1) ou de toute avance sur cette somme est prélevé sur le Fonds du revenu consolidé aux dates et selon les modalités prescrites.

Paiement sur le F.R.C.

Conditions of payment

(5) It is a condition of payment of any amount to a province for a fiscal year in respect of the extended health care services program that the province furnish to the Minister of National Health and Welfare such information as he may, during the fiscal year and for the purposes of this Act, request, including, without restricting the generality of the foregoing, information that is reasonably required by Canada

(*a*) to enable Canada to carry out its international obligations in relation to health care;

(*b*) for the planning and achieving of national standards in relation to health care; and

(*c*) for the purposes of mutually useful information exchanges in relation to health care between Canada and the provinces.

(5) Le paiement à une province pour une année financière de toute somme au titre du programme des services complémentaires de santé est subordonné à la fourniture par la province, au ministre de la Santé nationale et du Bien-être social, des renseignements qu'il peut exiger pour l'application de la présente loi et que le Canada peut notamment demander

a) pour l'exécution de ses engagements internationaux dans le domaine de la santé;

b) pour l'établissement et l'application de normes à l'échelon national dans le domaine de la santé;

c) dans le cadre d'échanges avec les provinces, dans le domaine de la santé, de renseignements réciproquement utiles.

Conditions

Determination of question as to whether contribution payable

(6) Where any question arises as to whether a province has satisfied or is satisfying the condition set forth in subsection (5), the question shall, on the report of the Minister of National Health and Welfare, be referred to the Governor in Council who shall, after considering the report and such other information or evidence relevant to the question as is available to him, determine the question; and where it is determined that the province has not satisfied or is not satisfying the condition, a copy of the order of the Governor in Council evidencing the determination and setting forth the particulars in respect of which the province has not or is not satisfying that condition shall forthwith be communicated to the government of the province.

(6) Toute question portant sur l'observation par une province des conditions énoncées au paragraphe (5) doit faire l'objet d'un rapport du ministre de la Santé nationale et du Bien-être social, qui est transmis au gouverneur en conseil, et être tranchée par celui-ci après examen du rapport et des autres renseignements ou preuves pertinents dont il dispose. Il doit être communiqué sans délai au gouvernement de la province copie du décret constatant la décision et en énonçant les motifs, dans les cas où le gouverneur en conseil en arrive à la conclusion que la province n'a pas observé ou n'observe pas ces conditions.

Décision sur l'observation des conditions

Effect of determination

(7) Where it is determined pursuant to subsection (6) that a province has not or is not satisfying the condition set forth in subsection (5), notwithstanding anything in this Part, no further payment shall be made by Canada to the province under this section unless and until the Governor in Council by order otherwise directs; but, any payment made by Canada to the province under this section before the date of the making of the determination is not recoverable by Canada.

"Extended health care services program" defined

(8) In this Part, the "extended health care services program" with respect to a province is a program that consists of the following services, as more particularly defined in the regulations, provided for residents of the province, namely,

(*a*) nursing home intermediate care service;
(*b*) adult residential care service;
(*c*) converted mental hospitals;
(*d*) home care service; and
(*e*) ambulatory health care service.

Non-recouvrement des paiements

(7) Dès la date du décret constatant, conformément au paragraphe (6), l'inobservation par la province des conditions énoncées au paragraphe (5), le Canada doit, par dérogation à la présente Partie, cesser tout paiement prévu par le présent article sous réserve d'un autre décret du gouverneur en conseil; toutefois, il ne peut recouvrer les paiements effectués antérieurement à cette date.

Définition de «programme des services complémentaires de santé»

(8) Dans la présente Partie, «programme des services complémentaires de santé», en ce qui concerne une province, est un programme qui comprend les services suivants, plus particulièrement définis par les règlements, offerts à tous les résidants de cette province, à savoir:

a) soins intermédiaires en maison de repos;
b) soins en établissement pour adultes;
c) hôpitaux psychiatriques convertis;
d) soins à domicile;
e) soins ambulatoires.

Registration
SOR/78-587 24 July, 1978

FEDERAL-PROVINCIAL FISCAL ARRANGEMENTS AND ESTABLISHED PROGRAMS FINANCING ACT, 1977

Federal-Provincial Fiscal Arrangements and Established Programs Financing Regulations, 1977

P.C. 1978-2300 20 July, 1978

His Excellency the Governor General in Council, on the recommendation of the Minister of Finance, pursuant to section 43 of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, is pleased hereby to make the annexed Regulations made pursuant to Parts I, II, III, V, VI and VII of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977.

REGULATIONS MADE PURSUANT TO PARTS I, II, III, V, VI and VII OF THE FEDERAL-PROVINCIAL FISCAL ARRANGEMENTS AND ESTABLISHED PROGRAMS FINANCING ACT, 1977

Short Title

1. These Regulations may be cited as the *Federal-Provincial Fiscal Arrangements and Established Programs Financing Regulations, 1977.*

24. (1) For the purposes of this section,

"adult" means, in respect of a resident of a province, a person who

(*a*) is twenty-one years of age or older, or

(*b*) is between sixteen and twenty years of age and is not a child under the Acts of the province that provide for the care, custody, control or supervision of children by a child welfare authority or the equivalent;

"home" means, with respect to home care service, any place of residence and includes a private residence, nursing home, home for the aged, child care institution, boarding home, or any long term residential facility;

"institution" means

(*a*) in the case of a service other than converted mental hospitals, a facility or portion of a facility that qualifies as a home for special care under section 8 of the *Canada Assistance Plan Regulations* and is not

(i) a hospital within the meaning of the *Hospital Insurance and Diagnostic Services Act*,

(ii) a mental hospital,

(iii) a tuberculosis hospital or sanatorium,

(iv) a correctional or educational facility, or

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Enregistrement
DORS/78-587 24 juillet 1978

LOI DE 1977 SUR LES ACCORDS FISCAUX ENTRE LE GOUVERNEMENT FÉDÉRAL ET LES PROVINCES ET SUR LE FINANCEMENT DES PROGRAMMES ÉTABLIS

Règlement de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis

C.P. 1978-2300 20 juillet 1978

Sur avis conforme du ministre des Finances et en vertu de l'article 43 de la Loi de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis, il plaît à Son Excellence le Gouverneur général en conseil d'établir le Règlement établi en vertu des Parties I, II, III, V, VI et VII de la Loi de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis, ci-après.

RÈGLEMENT ÉTABLI EN VERTU DES PARTIES I, II, III, V, VI ET VII DE LA LOI DE 1977 SUR LES ACCORDS FISCAUX ENTRE LE GOUVERNEMENT FÉDÉRAL ET LES PROVINCES ET SUR LE FINANCEMENT DES PROGRAMMES ÉTABLIS

Titre abrégé

1. Le présent règlement peut être cité sous le titre: *Règlement de 1977 sur les accords fiscaux entre le gouvernement fédéral et les provinces et sur le financement des programmes établis.*

24. (1) Aux fins du présent article,

«adulte» désigne, relativement à un résident d'une province, une personne qui

a) a vingt et un ans ou plus, ou

b) a entre seize et vingt ans et n'est pas un enfant en vertu des lois de la province qui assure les soins, la garde, le contrôle ou la surveillance des enfants par l'intermédiaire d'une autorité chargée du bien-être social de l'enfance ou l'équivalent;

«domicile» désigne, relativement au service de soins à domicile, tout lieu de résidence et comprend une résidence privée, une maison de repos, un foyer pour vieillards, une maison de soins pour enfants, une pension ou tout établissement résidentiel à long terme;

«établissement» désigne

a) dans le cas d'un service autre que celui en hôpitaux psychiatriques convertis, un établissement ou une partie d'un établissement qui répond à la définition d'un foyer de soins spéciaux en vertu de l'article 8 du *Règlement du Régime d'assistance publique du Canada* et n'est pas

(i) un hôpital aux termes de la *Loi sur l'assurance-hospitalisation et les services diagnostiques*,

(ii) un hôpital de soins psychiatriques,

(iii) un hôpital pour tuberculeux ou un sanatorium,

(iv) un établissement correctionnel ou d'enseignement, ou

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and services and that is shareable under the *Canada Assistance Plan*,

from

(B) an amount equal to the total monthly amount or part thereof of the old age security pension and maximum supplement payable to a beneficiary under the *Old Age Security Act*, who is not a married person;

(*c*) "converted mental hospitals" means any of the following services provided in an institution:

(i) the service in respect of adults described in subparagraphs (*a*)(i) to (iv),

(ii) the service in respect of adults described in subparagraphs (*b*)(i) to (iv), and

(iii) insured services within the meaning of the *Hospital Insurance and Diagnostic Services Act*;

(*d*) "home care service" means any of the following services provided in respect of a patient in the home:

(i) direct patient care services, except mental health services, including health assessment and diagnostic services, health treatment and maintenance services and related personal care services, provided by nurses, physiotherapists, dieticians, chiropodists, podiatrists and medical technicians and technologists or any of their assistants,

(ii) the acquisition, installation, operation and maintenance of equipment required for home renal dialysis, home hyperalimentation or home oxygen therapy, and of equipment directly required for the services referred to in subparagraph (i), and

(iii) administrative and other services required in rendering the services referred to in subparagraph (i) or (ii), including the cost of drugs and biologicals administered by a practitioner, overhead, transportation of practitioners, salaries of support staff and medical equipment and supplies;

(*e*) "ambulatory health care service" means any of the following services provided in respect of an ambulatory patient:

(i) direct patient care services, except mental health services, including health assessment and diagnostic services, health treatment and maintenance services, provided by nurses, physiotherapists, dieticians, chiropodists, podiatrists and medical technicians and technologists or any of their assistants, through a health unit, health centre, medical practice, rehabilitation centre, multipurpose centre or other premise that is not a hospital pursuant to the *Hospital Insurance and Diagnostic Services Act*, and

(ii) administrative and other services required in rendering the services referred to in subparagraph (i), including cost of drugs and biologicals administered by a practitioner, overhead, salaries of support staff and medical equipment and supplies.

province au titre d'indemnités de confort, de l'habillement, des médicaments et des produits biologiques, des services nécessaires à la fourniture de médicaments et de produits biologiques et des biens et services médicaux et chirurgicaux, et qui est assujetti au partage des frais en vertu du *Régime d'assistance publique du Canada*,

d'un

(B) montant égal au montant mensuel total ou partiel de la pension de vieillesse et du montant maximal du supplément exigible par le bénéficiaire, qui n'est pas marié, en vertu de la *Loi sur la sécurité de la vieillesse*;

c) «hôpitaux psychiatriques convertis» désigne n'importe lequel des services suivants dispensés dans un établissement:

(i) les services pour les adultes décrits aux sous-alinéas *a*) (i) à (iv),

(ii) les services pour adultes décrits aux sous-alinéas *b*) (i) à (iv), et

(iii) les services assurés aux termes de la *Loi sur l'assurance-hospitalisation et les services diagnostiques*;

d) «soins à domicile» désigne n'importe lequel des services suivants dispensés relativement à un patient à domicile:

(i) les services de soins directs au patient, sauf les services d'hygiène mentale, ce qui comprend l'examen de santé et les services diagnostiques, les services de traitement et de soins et les services de soins personnels connexes, dispensés par des infirmières, des physiothérapeutes, des diététiciens, des chiropodistes, des podologues et des techniciens médicaux et des technologistes ou n'importe lequel de leurs assistants,

(ii) l'acquisition, l'installation, l'exploitation et l'entretien du matériel nécessaire à la dialyse rénale, à l'hyperalimentation ou à l'oxygénothérapie à domicile et le matériel directement nécessaire à la prestation des services visés au sous-alinéa (i), et

(iii) les services administratifs et les autres services nécessaires à la prestation des services visés aux sous-alinéas (i) ou (ii), ce qui comprend le coût des médicaments et des produits biologiques administrés par un médecin, les frais généraux, le transport des médecins, le traitement du personnel de soutien et les fournitures et le matériel médicaux;

e) «soins ambulatoires» désigne n'importe lequel des services suivants dispensés relativement à un patient ambulatoire:

(i) les services de soins directs au patient, sauf les services d'hygiène mentale, ce qui comprend l'examen de santé et les services diagnostiques, les services de traitement et de soins dispensés par des infirmières, des physiothérapeutes, des diététiciens, des chiropodistes, des podologues et des techniciens médicaux et des technologistes ou n'importe lequel de leurs assistants dans un service sanitaire, un centre de santé, un cabinet de médecin, un centre de réadaptation, un centre polyvalent ou dans d'autres locaux qui ne sont pas un hôpital en vertu de la *Loi sur l'assurance-hospitalisation et les services diagnostiques*, et

(ii) les services administratifs et les autres services nécessaires à la prestation des services visés au sous-alinéa (i), ce qui comprend le coût des médicaments et des produits biologiques administrés par un médecin, les frais généraux, le traitement du personnel de soutien et les fournitures et le matériel médicaux.

"(v) a supportive living environment that provides short-term residential accommodation, not normally exceeding twelve months, in conjunction with social services having as their object crisis intervention, rehabilitation or social integration, except residences providing primarily for the accommodation, care, treatment or training of mentally retarded persons, and"

(*b*) in the case of the service of converted mental hospitals, a facility or portion of a facility that was a hospital for the mentally ill, whether or not it was a hospital under the provincial law, and that has been converted to provide any of the services described in subparagraphs (2)(*c*)(i), (ii) and (iii).

«(v) un milieu de vie auxiliaire qui est un lieu résidentiel à court terme, où la durée de séjour n'excède généralement pas douze mois, et qui est offert en collaboration avec des services sociaux ayant comme objectif l'intervention en cas d'urgence, la réadaptation ou l'intégration sociale, mais ne comprend pas un lieu résidentiel qui assure d'abord le logement, les soins, le traitement ou la formation des déficients mentaux, et»

b) dans le cas du service des hôpitaux psychiatriques convertis, un établissement ou une partie d'un établissement qui était un hôpital pour malades mentaux, qu'il ait été ou non un hôpital en vertu de la loi provinciale, et qui a été converti pour assurer les services décrits aux sous-alinéas (2)*c*)(i), (ii) et (iii).

(2) For the purposes of the Act and these Regulations, the services referred to in paragraphs 27(8)(*a*) to (*e*) of the Act are defined as follows:

(*a*) "nursing home intermediate care service" means a service provided in an institution in respect of adults consisting of

(i) nursing and personal care under the direction or supervision of qualified medical and nursing care staff,

(ii) assistance with the activities of daily living and social, recreational and other related services to meet the psycho-social needs of the residents of the institution,

(iii) services required in the operation of the institution, and

(iv) the provision of room and board to the extent of the total monthly cost or part thereof except for an amount calculated by subtracting, for each recipient of the service,

(A) the total monthly amount or part thereof that is payable to the recipient of the service under any Acts of the province for comforts allowances, clothing, drugs and biologicals, services required in the provision of drugs and biologicals and medical and surgical goods and services and that is shareable under the *Canada Assistance Plan*,

from

(B) an amount equal to the total monthly amount or part thereof of the old age security pension and maximum supplement payable to a beneficiary under the *Old Age Security Act* who is not a married person;

(*b*) "adult residential care service" means a service provided in an institution in respect of adults consisting of

(i) personal and supervisory care according to the individual requirements of residents of the institution,

(ii) assistance with the activities of daily living and social, recreational and other related services to meet the psycho-social needs of the residents of the institution,

(iii) services required in the operation of the institution, and

(iv) the provision of room and board to the extent of the total monthly cost or part thereof except for an amount calculated by subtracting, for each recipient of the service,

(A) the total monthly amount or part thereof that is payable to the recipient of the service under any Acts of the province for comforts allowances, clothing, drugs and biologicals, services required in the provision of drugs and biologicals and medical and surgical goods

(2) Aux fins de la loi et du présent règlement, les services visés aux alinéas 27(8)*a*) à *e*) de la loi sont définis comme suit:

a) «soins intermédiaires en maison de repos» désigne un service dispensé dans un établissement relativement aux adultes et comprenant

(i) les soins infirmiers et personnels sous la direction ou la surveillance d'un personnel de soins infirmiers et médicaux compétent,

(ii) l'aide dispensée aux résidents de l'établissement pour leur permettre d'accomplir des activités courantes, des activités récréatives et sociales, et d'autres services connexes pour satisfaire à leurs besoins psycho-sociaux,

(iii) les services nécessaires à l'exploitation de l'établissement, et

(iv) les repas et le logement jusqu'à concurrence du coût mensuel total ou partiel, sauf pour un montant obtenu en soustrayant, pour chaque bénéficiaire du service,

(A) le montant mensuel total ou partiel qui est exigible par le bénéficiaire du service en vertu des lois de la province au titre d'indemnités de confort, de l'habillement, des médicaments et des produits biologiques, des services nécessaires à la fourniture de médicaments et de produits biologiques et des biens et services médicaux et chirurgicaux, et qui est assujetti au partage des frais en vertu du *Régime d'assistance publique du Canada*,

d'un

(B) montant égal au montant mensuel total ou partiel de la pension de vieillesse et du montant maximal du supplément exigible par le bénéficiaire, qui n'est pas marié, en vertu de la *Loi sur la sécurité de la vieillesse*;

b) «soins en établissement pour adultes» désigne un service dispensé par un établissement pour adultes et comprenant

(i) les soins personnels et de surveillance selon les besoins des résidents de l'établissement,

(ii) l'aide dispensée aux résidents de l'établissement pour leur permettre d'accomplir des activités courantes, des activités récréatives et sociales, et d'autres services connexes pour satisfaire à leurs besoins psycho-sociaux,

(iii) les services nécessaires à l'exploitation de l'établissement, et

(iv) les repas et le logement jusqu'à concurrence du montant mensuel total ou partiel, sauf pour un montant obtenu en soustrayant, pour chaque bénéficiaire du service,

(A) le montant mensuel total ou partiel qui est exigible par le bénéficiaire du service en vertu des lois de la

POPULATION FOR CANADA AND THE PROVINCES

BRITISH COLUMBIA/COLOMBIE-BRITANNIQUE

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Kamloops	63 445	Vancouver	1 257 105*
Kelowna	58 595	Victoria	231 072*
Prince George	66 561		

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND BRITISH COLUMBIA URBAN AND RURAL..

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LA COLOMBIE-BRITANNIQUE, RÉGIONS URBAINES ET RURALES.

	BRITISH COLUMBIA/COLOMBIE-BRITANNIQUE								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	48,725	16,545	36,145	9,550	62,300	124,535	173,260	205,700	1,731,995	1,972,100
5-9	53,380	17,770	40,745	11,090	70,985	140,595	193,970	186,000	1,887,805	1,788,000
10-14	61,995	20,130	47,825	14,405	83,540	165,985	227,890	207,100	2,276,375	1,931,800
15-19	57,930	19,980	48,285	17,435	94,265	179,960	237,890	238,900	2,345,255	2,308,500
20-24	45,800	17,740	42,060	18,170	97,695	175,665	221,470	250,600	2,133,810	2,403,800
25-29	49,505	17,055	39,945	15,205	97,155	169,355	218,860	240,800	1,993,060	2,217,600
30-34	42,335	14,180	33,810	10,495	76,055	134,545	176,880	230,300	1,627,485	2,041,000
35-39	34,045	11,590	28,315	8,660	62,110	110,675	144,725	183,500	1,328,790	1,644,900
40-44	30,425	10,235	26,310	8,955	59,230	104,735	135,165	148,300	1,268,220	1,329,000
45-49	29,505	10,020	25,370	9,825	59,865	105,090	134,600	137,500	1,252,850	1,254,200
50-54	28,870	9,665	24,020	11,235	60,290	105,205	134,075	135,500	1,220,180	1,225,400
55-59	25,465	8,505	20,400	10,670	52,060	91,630	117,095	133,000	1,019,035	1,176,800
60-64	22,925	8,535	19,305	10,480	47,425	85,750	108,680	114,200	905,400	966,300
65-69	16,650	6,380	15,875	9,115	36,845	68,215	84,865	102,000	720,815	828,700
70-74	10,360	4,805	12,400	7,655	27,600	52,450	63,015	75,300	533,720	624,100
75-79	5,730	2,905	8,375	5,875	19,870	37,025	42,755	51,700	362,710	425,500
80-84	3,135	1,785	5,335	4,235	13,255	24,615	27,750	30,900	220,560	252,600
85-89	1,700	935	2,895	2,520	7,780	14,130	15,835	16,400	112,380	124,700
90+	820	435	1,405	1,255	3,885	7,010	7,830	8,700	52,155	58,500
TOTAL	569,520	199,225	478,825	186,820	1,032,215	1,897,085	2,466,610	2,696,400	22,992,605	24,573,500

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 1 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

ALBERTA

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Calgary	585 033*	Lethbridge	53 378
Edmonton	647 832*	Medicine Hat	39 843
Fort McMurray	30 368	Red Deer	45 693
Grand Prarie	23 800		

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND ALBERTA, URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET L'ALBERTA, RÉGIONS URBAINES ET RURALES.

	ALBERTA								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	41,240	21,540	13,815	36,530	39,790	111,690	152,925	194,000	1,731,995	1,972,100
5-9	46,705	21,700	13,540	39,185	41,865	116,295	162,995	166,600	1,887,805	1,788,000
10-14	56,345	23,625	15,370	43,955	47,910	130,865	187,210	175,500	2,276,375	1,931,800
15-19	50,780	22,650	17,305	47,670	54,815	142,435	193,220	198,800	2,345,255	2,308,500
20-24	33,365	20,295	18,040	52,595	61,710	152,635	186,005	211,700	2,133,810	2,403,800
25-29	31,470	20,515	14,520	48,345	50,345	133,720	165,190	208,200	1,993,060	2,217,600
30-34	28,760	16,220	10,705	36,110	37,015	100,055	128,815	183,200	1,627,485	2,041,000
35-39	25,545	12,770	8,595	28,275	30,085	79,725	105,270	140,600	1,328,790	1,644,900
40-44	25,610	11,085	8,135	26,985	28,750	74,945	100,555	111,600	1,268,220	1,329,000
45-49	24,740	10,160	7,725	25,665	27,490	71,040	95,775	103,300	1,252,850	1,254,200
50-54	23,560	9,650	7,495	22,085	24,825	64,055	87,615	97,300	1,220,180	1,225,400
55-59	20,210	9,215	6,985	17,360	19,160	52,720	72,930	87,600	1,019,035	1,176,800
60-64	16,970	8,730	6,225	13,915	15,775	44,645	61,620	71,500	905,400	966,300
65-69	13,010	7,750	5,170	10,580	11,970	35,465	48,480	58,400	720,815	828,700
70-74	9,480	6,800	3,905	7,860	9,005	27,565	37,050	43,300	533,720	624,100
75-79	5,720	4,705	2,735	5,405	6,005	18,850	24,570	30,300	362,710	425,500
80-84	3,205	3,010	1,825	3,530	3,735	12,100	15,300	17,700	220,560	252,600
85-89	1,595	1,695	1,085	2,070	2,130	6,975	8,570	9,000	112,380	124,700
90+	570	840	555	980	1,020	3,385	3,965	4,800	52,155	58,500
TOTAL	458,870	232,960	163,730	469,075	513,405	1,379,165	1,838,035	2,113,900	22,992,605	24,573,500

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 1 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

SASKATCHEWAN

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Moose Jaw	33 357	Regina	162 981*
Prince Albert	30 906	Saskatoon	152 747*

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND SASKATCHEWAN URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LE SASKATCHEWAN, RÉGIONS URBAINES ET RURALES.

	SASKATCHEWAN								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	34,940	8,310	8,790	22,640		39,740	74,670	79,100	1,731,995	1,842,300
5-9	38,000	8,650	8,765	22,610		40,035	78,035	76,500	1,887,805	1,762,600
10-14	47,325	10,910	10,820	26,265		47,980	95,310	79,300	2,276,375	1,910,000
15-19	44,265	11,055	11,980	29,630		52,660	96,925	95,900	2,345,255	2,290,200
20-24	28,965	8,550	10,805	33,100		52,450	81,415	96,800	2,133,810	2,374,000
25-29	24,560	6,960	8,305	25,235		40,505	65,070	84,700	1,993,060	2,174,100
30-34	21,135	5,635	6,220	17,970		29,820	50,960	71,500	1,627,485	2,007,800
35-39	19,335	5,090	5,640	15,070		25,795	45,130	54,500	1,328,790	1,625,300
40-44	20,770	5,070	5,405	14,430		24,900	45,675	46,200	1,268,220	1,317,400
45-49	22,620	5,520	5,665	13,925		25,105	47,725	45,600	1,252,850	1,246,900
50-54	23,785	5,955	5,630	13,765		25,350	49,130	46,800	1,220,180	1,219,600
55-59	22,360	6,190	5,545	12,155		23,895	46,250	47,400	1,019,035	1,171,500
60-64	19,990	6,645	5,500	10,730		22,875	42,860	43,800	905,400	960,500
65-69	15,455	6,105	4,565	8,615		19,285	34,735	39,400	720,815	823,400
70-74	11,035	5,065	3,625	6,500		15,180	26,215	30,500	533,720	621,000
75-79	7,355	3,720	2,495	4,580		10,790	18,145	21,300	362,710	423,900
80-84	4,585	2,725	1,875	3,275		7,875	12,460	13,000	220,560	251,900
85-89	2,445	1,700	1,110	1,845		4,655	7,100	7,400	112,380	124,500
90+	1,070	900	545	1,005		2,455	3,520	4,200	52,155	58,500
TOTAL	409,995	114,720	113,275	283,345		511,330	921,320	983,800	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 4 et Cat. 92-823, Tableau 12.

MANITOBA

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Brandon	35 894	Winnipeg	580 299*
Thompson	14 102		

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND MANITOBA URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LE MANITOBA, RÉGIONS URBAINES ET RURALES.

	MANITOBA								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	29,085	7,170	6,555		39,515	53,240	82,325	81,800	1,731,995	1,842,300
5-9	30,780	7,440	6,065		40,690	54,190	84,975	80,500	1,887,805	1,762,600
10-14	35,805	8,475	6,655		46,880	62,005	97,815	83,300	2,276,375	1,910,000
15-19	32,420	8,720	7,140		52,095	67,955	100,375	96,700	2,345,255	2,290,200
20-24	21,895	7,365	7,720		56,995	72,075	93,975	100,400	2,133,810	2,374,000
25-29	21,035	6,750	6,820		49,715	63,290	84,325	93,600	1,993,060	2,174,100
30-34	18,400	5,465	4,835		36,755	47,050	65,450	82,600	1,627,485	2,007,800
35-39	15,580	4,565	3,900		29,360	37,830	53,415	64,400	1,328,790	1,625,300
40-44	15,035	4,240	3,420		28,690	36,350	51,385	52,600	1,268,220	1,317,400
45-49	15,195	4,230	3,385		29,000	36,620	51,810	50,200	1,252,850	1,246,900
50-54	15,815	4,510	3,305		31,070	38,890	54,705	50,000	1,220,180	1,219,600
55-59	14,465	4,395	3,195		26,700	34,295	48,760	52,000	1,019,035	1,171,500
60-64	13,320	4,605	2,870		24,850	32,325	45,645	45,700	905,400	960,500
65-69	10,470	4,360	2,340		19,630	26,330	36,800	41,600	720,815	823,400
70-74	7,565	3,715	1,820		14,855	20,395	27,955	31,900	533,720	621,000
75-79	4,995	2,755	1,235		10,165	14,160	19,155	22,300	362,710	423,900
80-84	2,955	1,985	855		6,750	9,595	12,550	13,500	220,560	251,900
85-89	1,530	1,100	505		3,760	5,365	6,895	7,300	112,380	124,500
90+	685	535	260		1,735	2,525	3,210	3,700	52,155	58,500
TOTAL	307,020	92,375	72,890		549,215	714,480	1,021,505	1,053,900	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

ONTARIO

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Hamilton	538 686*	St. Catherines - Niagara	301 751*
Kitchener	284 991*	Sudbury	148 898*
London	280 506*	Thunder Bay	120 190*
Oshawa	153 403*	Toronto	2 975 128*
Ottawa	304 462*		
Windsor	243 348*		

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND ONTARIO, URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET L'ONTARIO, RÉGIONS URBAINES ET RURALES.

	ONTARIO								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	124,750	53,130	82,960	132,945	213,430	482,555	607,210	641,300	1,731,995	1,842,300
5-9	142,550	55,370	87,335	145,310	237,250	525,265	667,815	625,200	1,887,805	1,762,600
10-14	176,685	65,335	107,670	171,610	277,445	622,070	798,760	681,000	2,276,375	1,910,000
15-19	164,455	65,975	113,870	177,180	286,505	643,530	807,990	807,300	2,345,255	2,290,200
20-24	113,980	54,315	105,860	172,900	297,315	630,385	744,365	827,700	2,133,810	2,374,000
25-29	115,620	53,750	92,295	155,775	298,380	600,200	715,820	767,400	1,993,060	2,174,100
30-34	107,215	44,105	72,930	123,665	238,525	479,230	586,445	722,100	1,627,485	2,007,800
35-39	90,445	35,300	60,895	102,745	200,615	399,550	489,995	585,000	1,328,790	1,625,300
40-44	85,705	33,520	59,795	100,510	195,030	388,850	474,550	484,500	1,268,220	1,317,400
45-49	83,765	33,100	59,910	104,475	190,660	388,145	471,915	464,700	1,252,850	1,246,900
50-54	83,390	33,300	58,785	105,620	183,910	381,615	465,005	457,600	1,220,180	1,219,600
55-59	70,220	29,945	49,285	81,520	138,395	299,155	369,375	445,200	1,019,035	1,171,500
60-64	63,385	28,605	44,975	70,500	118,850	262,920	326,300	348,100	905,400	960,500
65-69	50,625	25,180	36,485	56,120	92,510	210,300	260,930	296,600	720,815	823,400
70-74	36,505	20,755	27,780	44,220	68,010	160,760	197,270	224,600	533,720	621,000
75-79	23,490	15,350	19,870	30,905	47,410	113,530	137,025	156,800	362,710	423,900
80-84	13,565	9,675	12,600	18,370	28,745	69,390	82,950	95,500	220,560	251,900
85-89	6,490	5,105	6,460	8,870	14,570	35,005	41,495	47,400	112,380	124,500
90+	3,090	2,385	3,090	3,900	6,775	16,165	19,255	21,900	52,155	58,500
TOTAL	1,555,945	664,170	1,102,865	1,807,150	3,134,335	6,708,520	8,264,465	8,699,900	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 4 et Cat. 92-823, Tableau 12.

QUÉBEC

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Chicoutimi-Jonquière	134 251*	Québec	570 086*
Hull	61 039*	Sherbrooke	72 690
Montréal	2 801 215*	Trois-Rivières	110 302*

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND QUEBEC URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LE QUÉBEC, RÉGIONS URBAINES ET RURALES.

	QUEBEC								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	105,525	41,070	69,665	8,190	218,210	337,125	442,660	470,800	1,731,995	1,842,300
5-9	117,995	42,595	73,610	8,375	243,025	367,615	485,610	434,300	1,887,805	1,762,600
10-14	156,170	55,850	98,970	12,125	298,955	465,895	622,070	475,800	2,276,375	1,910,000
15-19	155,940	61,070	113,955	14,290	321,045	510,350	666,290	610,300	2,345,255	2,290,200
20-24	112,475	52,925	103,185	11,760	318,090	485,965	598,440	652,500	2,133,810	2,374,000
25-29	106,040	46,455	88,090	9,500	305,165	449,215	555,250	577,300	1,993,060	2,174,100
30-34	92,460	38,985	74,600	8,215	260,290	382,095	474,555	529,400	1,627,485	2,007,800
35-39	70,940	30,045	58,165	6,335	209,325	303,870	374,810	454,100	1,328,790	1,625,300
40-44	65,020	27,760	55,230	6,315	199,760	289,065	354,085	360,700	1,268,220	1,317,400
45-49	63,650	27,485	55,125	6,265	196,780	285,660	349,315	340,600	1,252,850	1,246,900
50-54	61,080	26,340	51,230	5,810	182,880	266,260	327,340	334,000	1,220,180	1,219,600
55-59	52,235	22,615	42,075	4,490	147,380	216,560	268,790	309,300	1,019,035	1,171,500
60-64	45,855	20,425	36,195	3,485	127,915	188,025	233,880	249,100	905,400	960,500
65-69	37,330	17,170	28,565	2,450	100,560	148,740	186,070	208,900	720,815	823,400
70-74	26,925	12,985	20,455	1,680	70,960	106,085	133,005	157,400	533,720	621,000
75-79	17,020	9,225	12,650	920	45,795	68,585	85,605	103,100	362,710	423,900
80-84	9,150	5,765	7,040	440	24,455	37,700	46,850	57,200	220,560	251,900
85-89	4,120	2,705	3,185	175	10,920	16,990	21,110	24,600	112,380	124,500
90+	1,750	1,165	1,315	80	4,405	6,965	8,715	9,500	52,155	58,500
TOTAL	1,301,690	542,605	993,325	110,905	3,285,915	4,932,755	6,234,445	6,358,600	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

NEW BRUNSWICK/NOUVEAU BRUNSWICK

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Fredericton	43 257	Saint John	112 671*
Moncton	54 198		

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND NEW BRUNSWICK URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LE NOUVEAU-BRUNSWICK, RÉGIONS URBAINES ET RURALES.

	NEW BRUNSWICK/NOUVEAU-BRUNSWICK								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	30,500	8,150	19,620			27,765	58,265	58,600	1,731,995	1,842,300
5-9	32,205	8,660	20,605			29,265	61,465	59,400	1,887,805	1,762,600
10-14	37,440	10,375	25,550			35,925	73,370	62,100	2,276,375	1,910,000
15-19	36,020	10,875	26,885			37,755	73,770	73,700	2,345,255	2,290,200
20-24	27,880	9,300	26,625			35,920	63,795	73,700	2,133,810	2,374,000
25-29	26,825	7,870	22,155			30,030	56,855	65,600	1,993,060	2,174,100
30-34	20,295	6,035	16,665			22,700	42,990	60,100	1,627,485	2,007,800
35-39	15,810	5,080	13,685			18,765	34,575	44,700	1,328,790	1,625,300
40-44	14,540	4,615	12,835			17,455	31,995	35,200	1,268,220	1,317,400
45-49	14,105	4,395	12,595			16,995	31,100	32,100	1,252,850	1,246,900
50-54	14,310	4,660	13,290			17,955	32,265	30,600	1,220,180	1,219,600
55-59	13,210	4,355	11,715			16,065	29,275	31,100	1,019,035	1,171,500
60-64	12,155	4,165	10,130			14,295	26,455	27,500	905,400	960,500
65-69	10,095	3,440	8,150			11,585	21,685	23,900	720,815	823,400
70-74	7,180	2,640	5,715			8,355	15,540	18,500	533,720	521,000
75-79	4,970	1,965	4,260			6,225	11,195	12,300	362,710	423,900
80-84	3,055	1,380	2,785			4,165	7,220	7,800	220,560	251,900
85-89	1,540	765	1,380			2,145	3,680	4,000	112,380	124,500
90+	705	355	685			1,045	1,750	1,900	52,155	58,500
TOTAL	322,835	99,080	255,330			354,420	677,250	723,000	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

NOVA SCOTIA/NOUVELLE-ÉCOSSE

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Halifax	274 944*	Sidney	29 110

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND NOVA SCOTIA URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LA NOUVELLE-ÉCOSSE, RÉGIONS URBAINES ET RURALES.

	NOVA SCOTIA/NOUVELLE-ÉCOSSE								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	31,900	7,975	10,860	14,935		33,785	65,675	66,600	1,731,995	1,842,300
5-9	34,590	9,075	12,355	15,750		37,180	71,770	66,700	1,887,805	1,762,600
10-14	40,120	11,060	15,780	19,325		46,160	86,285	72,000	2,276,375	1,910,000
15-19	37,245	11,855	16,590	21,025		49,470	86,710	86,100	2,345,255	2,290,200
20-24	27,570	9,680	13,400	24,800		47,880	75,450	85,800	2,133,810	2,374,000
25-29	29,890	7,975	10,590	20,510		39,050	68,945	76,300	1,993,060	2,174,100
30-34	24,565	6,480	8,205	14,450		29,135	53,700	71,200	1,627,485	2,007,800
35-39	19,250	5,665	7,285	11,560		24,515	43,760	54,400	1,328,790	1,625,300
40-44	17,395	5,475	7,115	11,125		23,715	41,115	43,600	1,268,220	1,317,400
45-49	16,855	5,090	7,230	10,275		22,590	39,450	40,500	1,252,850	1,246,900
50-54	17,115	5,195	7,900	10,240		23,330	40,445	38,400	1,220,180	1,219,600
55-59	16,950	5,090	7,855	9,065		22,015	38,965	38,600	1,019,035	1,171,500
60-64	15,915	4,880	7,235	7,540		19,650	35,560	36,200	905,400	960,500
65-69	12,825	4,085	5,740	5,835		15,655	28,480	31,900	720,815	823,400
70-74	9,535	3,225	3,950	3,930		11,110	20,645	24,200	533,720	621,000
75-79	6,715	2,410	2,765	2,820		8,000	14,720	16,200	362,710	423,900
80-84	4,300	1,665	1,790	1,790		5,250	9,550	10,100	220,560	251,900
85-89	2,150	900	945	865		2,705	4,855	5,200	112,380	124,500
90+	1,095	515	480	395		1,385	2,480	2,300	52,155	58,500
TOTAL	365,980	108,275	148,070	206,240		462,585	828,570	866,400	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

PRINCE EDWARD ISLAND/ÎLE-DU-PRINCE ÉDOUARD

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Charlottetown	15 080	Sommerside	7 708
Sherwood	5 634		

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND PRINCE EDWARD ISLAND URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET L'ÎLE-DU-PRINCE-ÉDOUARD RÉGIONS URBAINES ET RURALES.

	PRINCE EDWARD ISLAND/ILE-DU-PRINCE-EDWARD								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	6,460	570	2,570			3,145	9,600	9,900	1,731,995	1,842,300
5-9	7,030	610	2,890			3,500	10,525	10,000	1,887,805	1,762,600
10-14	8,625	760	3,710			4,475	13,100	10,800	2,276,375	1,910,000
15-19	8,065	680	4,105			4,790	12,855	13,200	2,345,255	2,290,200
20-24	5,890	530	3,595			4,125	10,015	13,000	2,133,810	2,374,000
25-29	5,965	540	2,895			3,435	9,395	10,900	1,993,060	2,174,100
30-34	4,325	430	2,120			2,550	6,875	10,400	1,627,485	1,007,800
35-39	3,670	330	2,000			2,330	6,000	7,500	1,328,790	1,625,300
40-44	3,420	310	1,965			2,270	5,695	6,200	1,268,220	1,317,400
45-49	3,245	250	1,720			1,975	5,215	5,800	1,252,850	1,246,900
50-54	3,370	270	1,695			1,965	5,340	5,200	1,220,180	1,219,600
55-59	3,245	280	1,740			2,010	5,260	5,200	1,019,035	1,171,500
60-64	3,185	300	1,625			1,925	5,105	4,900	905,400	960,500
65-69	2,625	220	1,380			1,600	4,225	4,600	720,815	823,400
70-74	1,955	200	1,070			1,275	3,230	3,700	533,720	621,000
75-79	1,560	200	825			1,030	2,585	2,600	362,710	423,900
80-84	980	140	660			800	1,775	1,800	220,560	251,900
85-89	475	85	360			445	915	1,000	112,380	124,500
90+	260	55	195			245	505	600	52,155	58,500
TOTAL	74,350	6,760	37,120			43,880	118,230	127,400	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

NEWFOUNDLAND/TERRE-NEUVE

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Corner Brook	24 087	Labrador City	11 424
Gander	10 280	St. John's	153 383*

* Census Metropolitan Area/Region municipale de recensement

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND NEW FOUNDLAND URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET TERRE-NEUVE RÉGIONS URBAINES ET RURALES.

	NEWFOUNDLAND/TERRE-NEUVE								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	25,315	14,030	9,220	9,235		32,485	57,800	53,800	1,731,995	1,842,300
5-9	28,235	15,585	9,365	9,735		34,690	62,920	55,600	1,887,805	1,762,600
10-14	29,275	16,425	10,005	11,330		37,765	67,045	60,500	2,276,375	1,910,000
15-19	25,875	15,265	10,085	11,485		36,835	62,710	65,200	2,345,255	2,290,200
20-24	19,345	12,160	9,170	11,515		32,840	51,185	60,500	2,133,810	2,374,100
25-29	17,610	11,155	8,265	9,380		28,800	46,410	50,400	1,993,060	2,174,100
30-34	13,675	8,350	6,250	7,385		21,985	35,665	45,800	1,627,485	2,007,800
35-39	10,335	6,420	4,690	5,840		16,955	27,290	35,100	1,328,790	1,625,300
40-44	9,595	5,865	4,190	5,085		15,130	24,730	26,800	1,268,220	1,317,400
45-49	9,045	5,600	3,665	4,975		14,245	23,295	24,200	1,252,850	1,246,900
50-54	8,975	5,270	3,220	4,670		13,160	22,135	22,600	1,220,180	1,219,600
55-59	8,665	4,930	2,945	4,295		12,165	20,830	21,200	1,019,035	1,171,500
60-64	7,685	4,230	2,335	3,930		10,495	18,180	19,400	905,400	960,500
65-69	5,990	3,165	1,725	2,910		7,805	13,790	16,300	720,815	823,400
70-74	4,075	2,220	1,130	1,900		5,250	9,330	11,800	533,720	621,000
75-79	2,860	1,560	805	1,465		3,825	6,685	7,300	362,710	423,900
80-84	1,740	855	490	910		2,255	4,000	4,600	220,560	251,900
85-89	790	420	210	420		1,050	1,845	2,100	112,380	124,500
90+	365	195	110	215		520	885	900	52,155	58,500
TOTAL	229,455	133,695	87,895	106,675		328,270	557,725	584,100	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

NORTHWEST TERRITORIES/TERRITOIRES-DU-NORD-OUEST

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Fort Smith	2 246	Inuwik	3 064
Frobisher	2 280	Yellowknife	9 257
Hay River	2 798		

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND NORTHWEST TERRITORIES URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LES TERRITOIRES DU NORD-OUEST, RÉGIONS URBAINES ET RURALES.

	NORTHWEST TERRITORIES/TERRITOIRES DU NORD-OUEST								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	3,085	2,445				2,445	5,530	5,300	1,731,995	1,842,300
5-9	3,375	2,245				2,250	5,625	5,100	1,887,805	1,762,600
10-14	2,950	2,330				2,330	5,285	5,300	2,276,375	1,910,000
15-19	2,225	2,125				2,125	4,350	5,300	2,345,255	2,290,200
20-24	1,765	2,560				2,560	4,325	4,600	2,133,810	2,374,000
25-29	1,775	2,550				2,555	4,330	4,700	1,993,060	2,174,100
30-34	1,335	1,795				1,795	3,130	4,700	1,627,485	2,007,800
35-39	1,075	1,315				1,320	2,390	3,400	1,328,790	1,625,300
40-44	945	1,140				1,140	2,085	2,500	1,268,220	1,317,400
45-49	765	835				835	1,600	2,200	1,252,850	1,246,900
50-54	595	660				660	1,250	1,700	1,220,180	1,219,600
55-59	450	470				465	915	1,300	1,019,035	1,171,500
60-64	365	295				295	655	900	905,400	960,500
65-69	310	175				180	485	600	720,815	823,400
70-74	205	95				100	305	400	533,720	621,000
75-79	115	55				60	175	200	362,710	423,900
80-84	60	35				35	95	100	220,560	251,900
85-89	35	20				15	55	000	112,380	124,500
90+	20					-	20	000	52,155	58,500
TOTAL	21,445	21,160				21,165	42,610	48,500	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.

YUKON

1981 CENSUS INTERIM POPULATION COUNTS

CHIFFRES DE POPULATION NON DEFINITIFS DU RECENSEMENT DE 1981

Dawson	685	Watson Lake	731
Faro	1 618	Whitehorse	14 504

POPULATION BY FIVE-YEAR AGE GROUPS, FOR CANADA AND YUKON URBAN AND RURAL.

POPULATION SELON LE GROUPE D'AGE QUINQUENNAL, POUR LE CANADA ET LE YUKON, RÉGIONS URBAINES ET RURALES.

	Yukon								CANADA	
AGE	RURAL TOTAL RURAL	1,000 to/à 9,999	10,000 to/à 99,999	100,000 to/à 499,999	500,000 and/et over (plus)	URBAN TOTAL URBAIN	1976	Projected 1981 Projection	1976	Projected 1981 Projection
0-4	900		1,175			1,170	2,075	2,400	1,731,995	1,842,300
5-9	860		1,240			1,240	2,095	2,100	1,887,805	1,762,600
10-14	870		1,380			1,380	2,255	2,200	2,276,375	1,910,000
15-19	805		1,370			1,370	2,170	2,400	2,345,255	2,290,200
20-24	885		1,475			1,475	2,370	2,300	2,133,810	2,374,000
25-29	975		1,640			1,640	2,615	2,500	1,993,060	2,174,100
30-34	770		1,255			1,250	2,025	2,600	1,627,485	2,007,800
35-39	555		880			880	1,435	2,000	1,328,790	1,625,300
40-44	425		775			775	1,200	1,400	1,268,220	1,317,400
45-49	400		650			655	1,045	1,200	1,252,850	1,246,900
50-54	330		550			550	885	1,100	1,220,180	1,219,600
55-59	230		350			350	585	900	1,019,035	1,171,500
60-64	190		265			260	455	600	905,400	960,500
65-69	130		135			140	270	400	720,815	823,400
70-74	100		75			70	170	200	533,720	621,000
75-79	40		55			55	95	100	362,710	423,900
80-84	25		20			25	45	100	220,560	251,900
85-89	15		10			15	30	000	112,380	124,500
90+	5		10			10	15	000	52,155	58, 500
TOTAL	8,525		13,310			13,310	21,835	24,600	22,992,605	24,205,300

The figures shown were taken from Statistics Canada Cat. 91-520, Projection 4 and Cat. 92-823, Table 12.

Les chiffres presentés ici ont été pris de Statistique Canada Cat. 91-520, projection 1 et Cat. 92-823, Tableau 12.